DOCUMENT RESUME

ED 375 581 EC 303 421

AUTHOR	Groce, Nora
TITLE	The U.S. Role in International Disability Activities: A History and a Look towards the Future.
INSTITUTION	Rehabilitation International, New York, N.Y.; World Inst. on Disability, Berkeley, CA.; World Rehabilitation Fund, Inc., New York, NY.
SPONS AGENCY	National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE	92
CONTRACT	G0087C2013; H133D00001
NOTE	175p.; This study is a product of the International Disability Exchanges and Studies (IDEAS) Project and the International Exchange of Experts and Information in Rehabilitation. Photographs may not reproduce.
AVAILABLE FROM	Rehabilitation International, 25 East 21st Street, New York, NY 10010; World Institute on Disability, 510 16th Street, Oakland, CA 94612; World Rehabilitation Fund, International Exchange of Experts and Information in Rehabilitation Project, University of New Hampshire, Institute on Disability, 6 Hood House, Durham, NH 03824-3577.
PUB TYPE	Historical Materials (060) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	Agency Cooperation; Biographies; *Disabilities; Futures (of Society); *International Cooperation; International Organizations; *International Programs; Interviews; Oral History; Professional Education; *Rehabilitation; *Social History
IDENTIFIERS	United States

ABSTRACT

This study presents an introduction to U.S. involvement in the field of international rehabilitation and disability. Oral history interviews were conducted with 21 "distinguished elders" in the field, an oral history conference with 18 of the elders was held and documented, and written sources were reviewed. The study includes: (1) a history of the field (Chapters I, II and III); (2) a compilation of recommendations for the future based upon the ideas and suggestions of the distinguished elders;" (Chapter IV) and (3) a series of short biographies of the 21 "distinguished elders." The history begins with the passage of the Poor Relief Act of 1601 in England, which was American law during the colonies' existence, and continues through 1990 addressing: governmental policies, public attitudes, international exchange of ideas, technological advancements, effects of wars, disability rights, development of rehabilitation centers, and efforts of international organizations. In chapter IV the recommendations focus on improved national coordination efforts, training of personnel, and international cooperation. Brief biographies are then presented of Bell Greve, Henry H. Kessler, Howard Rusk, and Mary Switzer. Following this, biographies of the "distinguished elders" are presented: Norman Acton; Irving Blumberg; Elizabeth Monroe Boggs; James Burress; Francis Connor; Gunnar and Rosemary Dybwad; Herman J. Flax; William Gallagher; Mervin Garrettson; James Garrett; Ignacy Goldberg; Joseph LaRocca; Virginia Grace (Gini) Laurie; Romaine Pryor Mackie; William P. McCahill; Harold John Russell; Henry Viscardi, Jr.; Helen Payne Wilshire Walsh; Dorothy Warms; Harold Wilke; and Donald Von Stein Wilson. (Contains 59 references.) (JDD)

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The U.S. Role in International Disability Activities: a history and a look towards the future

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Photographs: selected from RI archives and captioned by Barbara Duncan

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This study was published in 1992 as a collaborative effort of the International Disability Exchanges And Studies (IDEAS) Project administered by the World Institute on Disability and Rehabilitation International, supported by Grant # G0087C2013 from the National Institute for Disability and Rehabilitation Research; and of the International Exchange of Experts and Information in Rehabilitation (IEEIR) Project, administered through the World Rehabilitation Fund, supported by NIDRR Grant # H133D0001.
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The U.S. Role in International Disability Activities: a history and a look towards the future

by Nora Groce

a study commissioned by the World Institute on Disability, the
World Rehabilitation Fund and Rehabilitation International

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Introduction

This study was undertaken to present an initial introduction to United States involvement in the field of international rehabilitation and disability. Little has been written on this subject or the individuals, policies and programs within this sphere that have been significant over the past century. The subject itself is so broad that while the highlights and some of the most important historical events and ideas are addressed in this monograph, the entire report must be viewed as a cursory overview. The issues, the individuals and the programs to which they contributed richly deserve separate studies of their own.

Project Background

This study is a collaborative effort funded through the IDEAS Project, jointly administered by Rehabilitation International and the World Institute on Disability, and through the IEEIR Project administered through the World Rehabilitation Fund. Both projects are funded under the auspices of the National Institute of Disability Research and Rehabilitation (NIDRR), Grants #G0087C2013 and #H133D0005, respectively.

It began in 1989 at the Society for Disability Studies Meetings in Denver, Colorado. There, Barbara Duncan of Rehabilitation International, Diane Woods from the World Rehabilitation Fund and Judy Heumann and Mark Conly of the World Institute on Disability met to discuss joint projects. At that time, Gini Laurie, a well respected senior member of the field, was dying in St. Louis, and the talk soon turned to her and then to other senior members in the field of international rehabilitation with whom these individuals had worked for years. It became evident as they spoke that although Duncan, Woods, Heumann and Conly had themselves spent decades in the fields of international rehabilitation, disability rights and special education, there were many unknowns about the people and events that had preceded them. Nor was there anywhere to obtain such information easily. Although many of the people who had played key roles in the development of the field were still alive and active, no attempt had been made to compile what they knew or remembered of individuals and events in the field that had gone before them, or in which they had played important roles.

Moreover, the field of international rehabilitation, as it stands today is a compilation of a number of different and very distinct fields and social movements, among them fields such as rehabilitation, disability rights, special education; and professions such as physical therapy, medicine and education. Indeed, it is not so much a unified field as a collection of disability related efforts with common international perspectives and experiences linking people and programs. Because of this, there is no central or unifying organization, and no academic base that has systematically compiled and analyzed the history and theoretical underpinnings of efforts in the arena. It seems that information about what had taken place in the past has been passed on from one person to the next, and it is clear that much has been lost along the way. This was in part due to the fact that little was written down, apparently because the field has always been small and unconnected to formal research efforts. With only a few people actively participating in the organizations and advocacy movements, there seems to have been little need to record events or their significance. Indeed, it is interesting to note that at one point during the Second World War, one woman, Bell Greve, was responsible for much of the field.

In the discussions that followed, the four representatives of RI, WRF and WID decided that a history which would provide an overview of the origins and development of international rehabilitation work in the United States was in order. Its importance lay not only in what such a history could tell us about the past, but also because as a renewed interest is generated in international rehabilitation and disability issues, it is important to know where we have been. "Those who do not know the past are destined to repeat it," may have become a cliché, but in some cases, it is an appropriate thought. This is one. The field of international rehabilitation is still small, but growing, with limited numbers of experts, advocates and monies available. It is important to

It is important to know where we have been, as organizations and as a nation, so that we derive benefit from programs and policies that have proved effective, and can avoid those proven ineffective.

know where we have been, as organizations and as a nation, so that we derive benefit from programs and policies that have proved effective, and can avoid those proven ineffective.

Methodology

This history has been compiled over the past 18 months. The author, a medical anthropologist, has used a combination of methodologies to pull together many of the historical issues and incidents in what is today referred to as "international rehabilitation." All existing references and records that could be located have been reviewed; however, as noted above, the amount of published documentation and unpublished papers, memos and manuscripts within the field, is not large, and it was found that many historical facts, figures and incidents have simply not been documented. Furthermore, much of what at one time was put in written form has simply not been preserved. Compiling a history based only on written sources would have provided some background to the field, but would have yielded a much drier and incomplete account of the people and events behind the programs and decisions.

Fortunately however, in addition to written documents, another source of information was also available—an oral historical account based on the participants themselves. Several dozen Americans now in their 70s, 80s and 90s who were involved in helping to establish and oversee some of the most important programs and research in the field are still alive. And, almost all of them continue to be active in the field.

Of these senior individuals, (who came to be called "distinguished elders" during the course of the project) 21 were selected for extended oral historical interviews. These individuals were selected by Duncan, Heumann, Conly and Woods, the selection based both on their individual contributions and on an attempt to include participants from a diversity of disciplines, organizations and disability groups. The relatively short length of the study and the need for diversity and emphasis on international aspects of United States rehabilitation efforts, made these people candidates for this particular study. However, there were an equally large number of senior scholars whose careers and experiences warrant similar studies. It is hoped that others will pursue future interviews with and research about many of these people and the work they have participated in.

The individuals interviewed during the course of this project were: Norman Acton, Irving Blumberg, Elizabeth Boggs, James Burress, Francis Connor, Gunnar and Rosemary Dybwad, Herman Flax, William Gallagher, Mervin Garrettson, James Garrett, Ignacy Goldberg, Joseph La Rocca, Romain Mackie, William McCahill, Harold Russell, Henry Viscardi, Helen Wilshire Walsh, Dorothy Warms, Harold Wilkie and Donald Wilson.

Each of these individuals was interviewed either in person or by telephone by the author, with interviews lasting one to five hours in length. The interviewees were asked to relate their own backgrounds and education, their involvement in the field and their memories of key events, individuals and ideas with which they had some contact. In addition, they were asked to provide recommendations for the future of the field, based on what they had seen work, and not work, over the course of their own careers. The interviews were open ended and those interviewed were specifically asked to speak not only to the issues raised by the author, but also to note what had been overlooked that was of historical significance in their opinion. (This question proved important for a number of individuals, programs, meetings and events came to light that would have been otherwise missed). A number of those interviewed also provided references and written documents and were very helpful in supplying additional information and clarifying points over the course of the writing process.

The interviews themselves were tape recorded, (although several individuals felt more comfortable speaking with the author taking written notes, which was done in those cases). All interviews have been transcribed, and copies of the actual tapes and transcriptions will be placed in the archives of Rehabilitation International, The World Rehabilitation Fund and The World Institute on Disability, so that they can be available for future researchers.

Conference

The information and ideas gained through interviews with the 21 senior members of the field was further supplemented by a conference held in Washington, D.C. in January, 1990, which brought together 18 of these leaders for an open discussion of the programs, ideas and policies for which they had been responsible over the past 50

The field of disability and rehabilitation internationally, as it exists today, is the antithesis of such a model. It has its roots in dozens of different historical movements, events, organizations, academic disciplines and professional fields.

years. Called the "Oral History Conference", it proved to be a fascinating conference for many as it helped to illustrate for the audiences the historic affiliations, agreements and disagreements, within the field.

The information presented in this study is an historical overview based on the written and oral historical sources. In addition, several of the interviewees have written memoirs of their lives and careers, which have proved both interesting and informative. It is through a combination of these historical sources that the following history has been written. Without the input of the "distinguished elders" however, much of the information included here would have been missing or poorly documented.

Historical Overview

Historians are given to conceptualizing movement over time in the form of "trees," with small, early efforts forming the trunk and larger scale, later efforts springing from the trunk as so many branches, expanded outward. The field of disability and rehabilitation internationally, as it exists today, is the antithesis of such a model. It has its roots in dozens of different historical movements, events, organizations, academic disciplines and professional fields. For example, schools and advocacy groups for deaf, blind and mentally retarded children and adults existed from the early 19th century on, bringing, for the first time, some attention to the needs and concerns of these individuals. Rehabilitation, as a medically based discipline, did not arise until several decades later, and would concern itself primarily with those who were physically disabled until well after World War II. Vocational Rehabilitation as a field took form slowly in the first part of the 20th century in response to a series of state and federal legislative acts and administrative decisions. Advocacy by people with disabilities themselves was an important factor by the early 19th century, but there was a lack of strong on-going cross-disability coalitions for many years and the effectiveness would wax and wane. Not only were these major groups growing and developing at different rates, but because of prevailing social, economic and conceptual issues they rarely worked cooperatively with one another, and often found themselves in open competition for scarce funding sources and public attention.

Uniform Concepts

The historical unity disabled individuals or disability organizations had was in the general definition given socially and legally to persons with disabilities, as "objects of charity," and in a later period, as potential beneficiaries of medical and rehabilitative initiatives. The charity and medical/rehabilitative models shared as a basic premise, the assumption that people with disabilities needed to be cared for, and that such care was provided by the general society as it (not they) saw fit. Those who were physically or mentally impaired, it was believed, had no legal or ethical right to demand anything of society, they could only hope that society would provide programs and opportunities for them after weighing their needs against other social priorities, and budgeting accordingly.

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Because of the nature of the historical developments within "rehabilitation", assembling an overview of the activities, fields and individuals who have played a part in international disability and rehabilitation work proved to be a far more complex task than it initially appeared. Even the terminology is difficult to disentangle. Today, "rehabilitation," is often used in two senses: as a specific field within the realm of medicine and allied professions, and as a general term somewhat loosely associated with organizations and movements involving "disability rights" and advocacy. "Rehabilitation" in fact, was a term that rarely appeared in the broader medical community or among the general public before World War II, (although many of the basic concepts in the field long preceded this). Moreover, until some 20 years ago, "rehabilitation" was used to refer primarily to attempts to restore some physical function or vocational self-sufficiency to some *physical* disability. Blindness, deafness, mental retardation and mental illness were not usually included within the realm of "rehabilitation" programs. These other sensory or mental impairments were often represented by people and organizations whose constituencies were concerned with specific disability groups — "the blind," "the deaf" and so forth. It has only been in the last two decades that all these pieces have come together in a larger puzzle, and a rethinking of the basic assumptions within the field has taken place. Looking back, it may seem obvious to many in the 1990s that the early work with and among disabled groups in the United States, no matter what the specific physical and mental impairments might be, shared common concerns. Today, these might be considered *civil rights and social policy issues*—the recognition that people with disabilities have a right to participate openly and fairly in society as individuals, who happen to have some form of impairment.

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Disability Rights

Advocates of the Disability Rights Movement and the Independent Living Movement have fostered attempts to work together within the field. Cross-disciplinary and cross-disability in nature, and drawing on ideas and movements from many nations, individuals and groups of people with disabilities from around the world have come forward to demand civil rights as citizens, rather than as recipients of charity or patients within a medical or vocational mode. In the U.S., significant advances, such as the recently passed Americans With Disabilities Act, are evidence of the effectiveness of such collaborative efforts. Many older national and international organizations, societies and professions working on disability issues have altered their conceptions to be more in tune with this new thinking.

It would be misleading to look back at the history that brought us to this point and see it all as part of a plan, building towards the increasing cooperation of disability-related groups, organizations and fields that exist today. In fact, much that went on was done in fits and starts, and the movement was not always forward. Indeed, it is interesting to note that some of the very earliest concepts at the core of recent international attention—equal treatment before the law, the right to accessible housing and transportation, fair employment practices—are not new. It is striking how often these concepts come up in the 18th, 19th and early 20th centuries in Europe, North America and elsewhere—raised by both people with disabilities themselves and many who have worked on their behalf.

It is interesting to note that some of the very earliest concepts at the core of recent international attention—equal treatment before the law, the right to accessible housing and transportation, fair employment practices—are not new.

Structure of the Study

This study is divided into three parts. The first is a history of the field. The second is a compilation of recommendations for the future based upon the ideas and suggestions of the "distinguished elders" interviewed for this report. The third is a series of short biographies of the 21 individuals interviewed for this study.

From the early 19th century onward those involved in international rehabilitation in the U.S. had two primary channels of communication: a formal and an informal network. Continuing international contact has been maintained through *formal* organizations, (governmental or intergovernmental such as the United States Rehabilitation Services Administration and its predecessor agencies, the United Nations programs, and voluntary organizations such as Rehabilitation International [founded 1922], the World Rehabilitation Fund [founded 1955], and later, the World Institute on Disability [founded 1982]). *Informal* networks were often the result of immigration, foreign educational exchanges, religious/missionary outreach programs or the outgrowth of international research in related fields, such as special education or physical therapy.

These two channels were not mutually exclusive and many individuals participated in both. Hence, although there were a large number of programs and events, in fact, the number of individuals involved in the United States in interna-

The number of individuals involved in the United States in international rehabilitation work has always been small.

tional rehabilitation work has always been small. Even in the zenith of the United State's involvement in international work in the 1950's and 1960's, probably fewer than 50 people were the primary decision makers. Their names appeared time and again, they sat on many of the same committees, often called upon each other to serve on boards and councils and frequently were personal friends. Many knew and worked with each other on a daily basis over the course of 30 or 40 years. Because of this, the informal network appear to have been as significant and in some cases, more significant than the formal ones.

Moreover, the historical distinction between national and international rehabilitation activity is somewhat artificial. For many years ideas flowed from one arena to the other and back again. In large measure, this seems to be because individuals who became prominent in the international rehabilitation movement usually were not tapped for overseas projects until they were already influential figures on the national level.

Ideas, approaches and concerns that American leaders were instrumental in developing within the United States, were carried on into their work abroad. Likewise, ideas and innovations to which United States leaders were exposed in international rehabilitation programs were often quickly incorporated into programs in the United States. This rapid absorption of ideas from other countries was due, in part to the fact that those Americans involved in overseas work were already senior enough to command the attention of fellow professionals here in the United States.

Finally, it should be noted that the shift over the past century within the field of disability and rehabilitation from a group of fragmented programs, disciplines and experts, to an increasingly unified disability rights movement echoes

"Noted Author Visits UN Headquarters" was the headline of a 1949 UN press release announcing the arrival of Helen Keller to one of its first meetings. Miss Keller is shown above at the Lake Success (temporary) offices of the UN with her secretary, Polly Thompson, interpreting the debate.

similar trends in many other significant social movements, such as the Women's Movement and the Civil Rights Movement.

Much of the progress that has been made could not have been accomplished had a small and dedicated group of individuals and organizations spent decades prior to this laying what would eventually become the groundwork.

The past two decades have been a period unique in the history of the disability field. At the start of the period, there was no clear perception of disability as a unifying concept on the part of most Americans—non-disabled individuals and individuals with disabilities alike. Two theoretical models were in operation in general society and in the eyes of the law—one which considered people with disabilities to be ultimately, "objects of charity," who should be grateful for whatever society chose to allow them to receive. The other model, a 'rehabilitative one' assumed that most individuals with disabilities were, in one guise or another, 'patients' or 'clients' that needed to be restored to society. Perhaps not sick, but never to be cured, they would need to be looked after by a well-intentioned but paternalistic group of organizations and agencies.

That the model has now shifted to a "civil rights" basis, in which individuals with disabilities are considered to be entitled to equality before the law, and to programs and policies that assist them in attaining this equality—is a tribute to many of the leaders and organizations that have worked for years on disability-related issues. Change could not have occurred, had the groundwork not be laid by individuals and organizations as far back as the 19th century. And the amount and types of change seen in the past two decades would not have occurred unless individuals with disabilities themselves were influencing the process—advocating on their own behalf, and in growing numbers, increasingly vocal about setting priorities and establishing programs to address their needs. As the precursors of what is known today as the Disability Rights Movement got underway, the ability of the disabled community, some thoughtful and committed professionals, and organizations and agencies working on disability issues, to come together and present a unified front seems to have made the critical difference. The gains that have resulted are a product of generations of work, ideas and initiatives on the part of committed individuals.

Table 1. Barr's educational classification of the feeble-minded.

	IDIOT.		
Asylum Care.	Profound.	Apathetic. Excitable.	Unimprovable.
	Superficial.	Apathetic. Excitable.	Improvable in self-help only.
	IDIO-IMBECILE.		
	Improvable in self-help and helpfulness. Trainable in very limited degree to assist others.		
	MORAL IMBECILE.		
Custodial Life and Perpetual Guardianship.	Mentally and morally deficient. Low Grade: Trainable in industrial occupations; temperament bestial. Middle Grade: Trainable in industrial and manual occupations; a plotter of mischief. High Grade: Trainable in manual and intellectual arts; with a genius for evil.		
	IMBECILE.		
Long Apprenticeship and Colony Life Under Protection.	Mentally deficient. Low Grade: Mentally deficient. Middle Grade: Trainable in manual arts and simplest mental requirements. High Grade: Trainable in manual and intellectual arts.		
	BACKWARD OR MENTALLY FEEBLE.		
Training for a Place in the World.	Mental processes normal, but slow and requiring special training and environment to prevent deterioration; defect imminent under slightest provocation, such as excitement, over-stimulation or illness.		

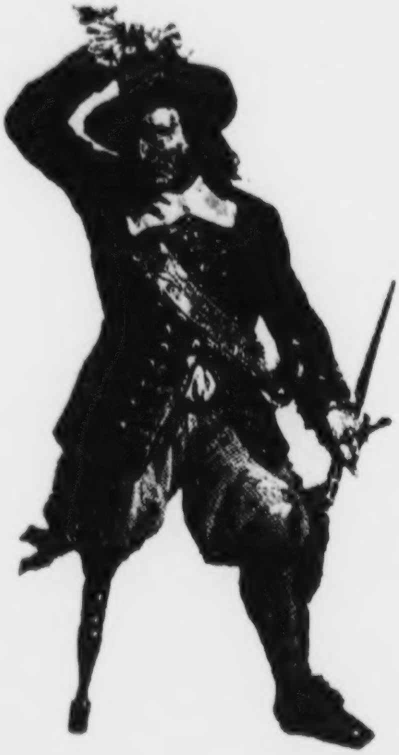
*Chart produced by Martin Barr, USA, 1904, reprinted from **A History of Mental Retardation**, R.C. Scheerenberger, Brookes Publishing Co., 1983.*

Chapter I

Disability in Early American Society

The history of disability and rehabilitation in the United States long precedes the turn of the 20th century, and it is important to understand how this field grew and developed over time, for the ideas and assumptions which have guided many American efforts internationally are based on specific historical developments and cultural perceptions within the United States itself. American ideas and attitudes towards disability and disabled people, in fact, long precedes the settlement of the United States. England, home to many of the early settlers of Eastern North America, provided the American settlements with a culture, langauge and legal system upon which much of America's subsequent history would rest. It is therefore significant that shortly before the major immigration to the New World began, England passed its first major piece of legislation related to those who were disabled, the Poor Relief Act of 1601.

The importance of this Act is that for the first time, a national government acknowledged a responsibility to "disabled in need" with a clear distinction made between those who were deemed "worthy" of such help and those who were not. Local assistance for individuals with disabilities had long been available to at least some disabled people before the Act was passed, but it was up to individual families, local communities and the church to provide such aid, and it was provided on a case by case basis. Times were changing however. People were beginning to find work in cities far from their native towns, traditional support systems no longer played such an all encompassing role and the central government began to take a more dominant role in everyday life.



*Peter Stuyvesant, last Dutch director-general of New Amsterdam, defiantly rips up a surrender summons from the British in 1664. Stuyvesant, who 20 years before had lost a leg fighting the Portuguese in the West Indies, stayed in Manhattan under the British until his death eight years later. (Source: **Performance**, 1976-77)*

> *The Poor Relief Act had one significant flaw that would impede the progress of individuals with disabilities for generations to come. By defining "worthy" and "unworthy" poor, a distinction was made, with priority given to those whom society deemed to be "productive."*

The Poor Relief Act is a milestone in the history of social legislation. It did more than influence American laws—for the first 150 years of the colonies' existence, it was American law. After the Revolution, it would remain the model for subsequent Congressional legislation. Unfortunately, among other problems, the Poor Relief Act had one significant flaw that would impede the progress of individuals with disabilities for generations to come. By defining "worthy" and "unworthy" poor, a distinction was made, with priority given to those whom society deemed to be "productive." (And this no doubt, did not originate in the Law itself, but only reflected then-current thinking in the broader English society). Whatever its origin, the distinction, and the right granted by society, rather than individuals with disabilities themselves to define who was "worthy" and by extension, "worthwhile", would haunt society for centuries.

While the significance of the 17th century act may have been the identification of the impoverished disabled population as an issue of public responsibility and concern, it was the 18th century Enlightenment, with its emphasis on the systematic compilation and analysis of bodies of information, that encouraged regular inquiry into disability as a human condition. Interest in "the disabled" began to be considered a valid scientific topic.

Prior to the 18th century, writers might note if a person was in some way physically or intellectually disabled, but few scholars questioned what the causes, consequences or ramifications of being disabled might be for the individual. Until then, virtually no seriously disabled individuals seem to have left a record of their own thoughts or experiences. Then, in the early 18th century, throughout Europe, well educated men (and women), with growing regularity, debated and wrote treatises on deafness, blindness, mental retardation and other disabling conditions, combining observation with philosophical inquiry. How could profoundly deaf people think without language, philosophers asked—if they could not think, how could they know of the existence of God? "What," scholars questioned, "did blind people imagine everyday objects looked like? What was the potential of a blind child if he or she were to receive a good education?" Reflecting assumptions that would be maintained for the next three centuries, few writers addressed the underlying social issue of disability, except in the broadest of terms—the attention was invariably on the effect on the individual of a specific type of physical or mental disability.

Many of these inquiries about human nature, thought and disability initially had a distinctly "guinea pig" quality about them. Individual deaf or blind people, usually children, would be trained using a specific technique with a body of scholars, (and sometimes, although not always, medical personnel), looking on and debating the outcome. Subsequently, soon such inquiry led to the discovery that these individuals with disabilities, when provided with the same educational and social advantages as non-disabled individuals, often demonstrated great promise and potential. Scholars began, by trial and error, to develop educational schemes and techniques. By the late 18th century, a few committed individuals in Europe had begun organizing schools and institutions for children and adults with some specific types of disabilities.

In Europe, with these schools in operation, a gradual change in the perception of disability began to be discernible among the general public. It became apparent that people with disabilities whose lives would traditionally have been quite limited, could do more. This realization was considered to be so new and remarkable that schools for blind and deaf children became regular stopping points on travelers' venues, and some prominent schools for blind and deaf pupils presented weekly public demonstrations of their students' accomplishments.

The shift from indiscriminate lumping of "the infirm" or "the cripples" found in an earlier era, gave way to bounded interest groups.

19th Century Developments in Disability

In the first several decades of the 19th century schools, institutions, benefit societies and advocacy groups were founded throughout Europe. These organizations were invariably dedicated specifically to one particular type of disability—blindness, deafness and so forth. There was no cohesive community of people with disabilities, only groups of individuals who shared a particular physical or mental impairment.

This division of the disabled community by specific disability might be viewed as part of a process of historical maturation. The shift from indiscriminate lumping of "the infirm" or "the cripples" found in an earlier era, gave way to bounded interest groups reflecting a growing interest and knowledge in scientifically and systematically identifying information of direct relevance to specific groups. The concept of 'the disabled' as a group with unifying experiences and common interests was not yet formulated. This seems to have reflected that the general public and experts alike placed primary emphasis on the physical

The general public and experts alike placed primary emphasis on the physical limitation of the individual, and not on the common social restrictions such individuals faced.

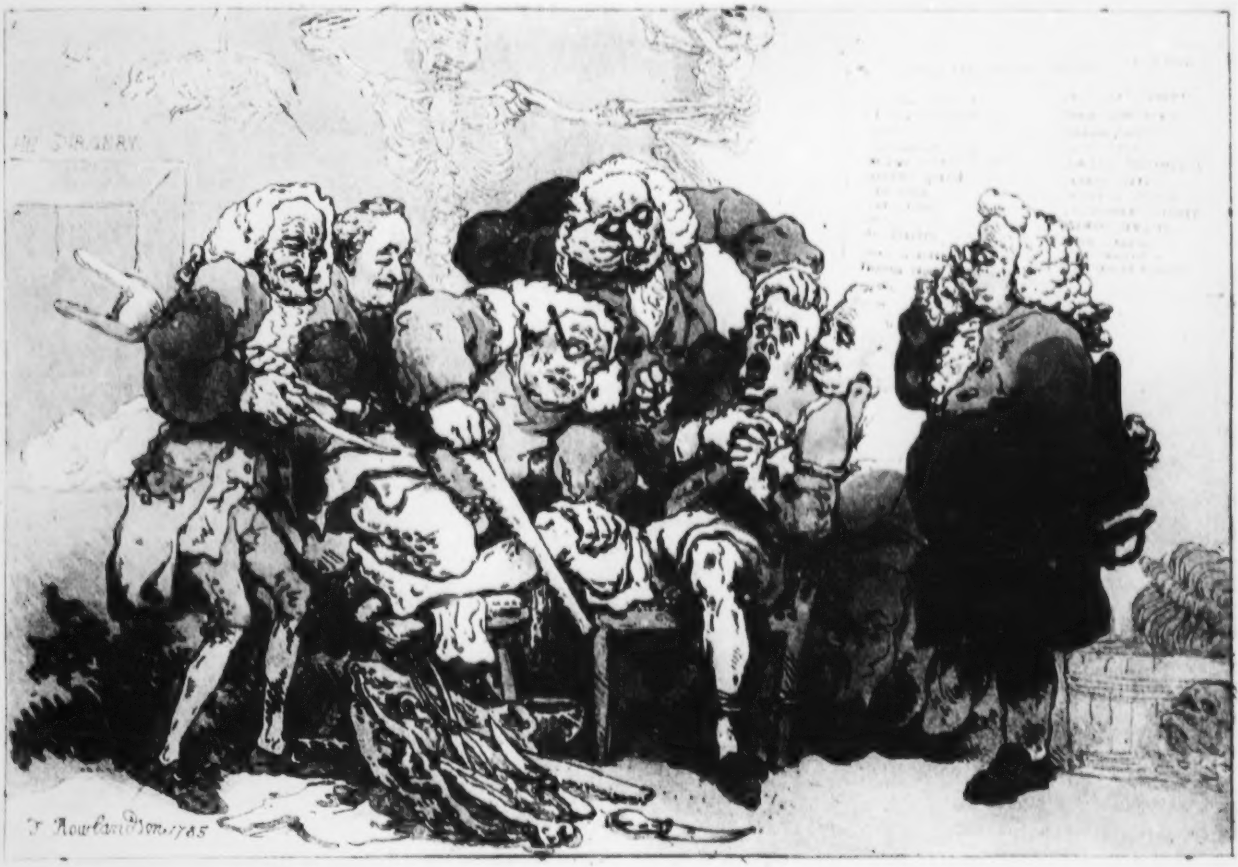
limitation of the *individual*, and not on the common *social* restrictions such individuals faced. The emphasis on differences between various disabilities rather than on common concerns of people with the disabilities would became a legacy that would carry on until the rise of the Disability Rights Movement barely 20 years ago.

A "pecking order" also arose among these groups, with certain types of disability conditions eliciting much more interest, concern and support among the general public than others. Blindness, followed by deafness, were conditions that stirred genuine concern among the public in the 19th century. Mental retardation, on the other hand, rarely struck a responsive chord within the general population, and those working on behalf of retarded groups found it much harder to obtain money, support or public involvement.

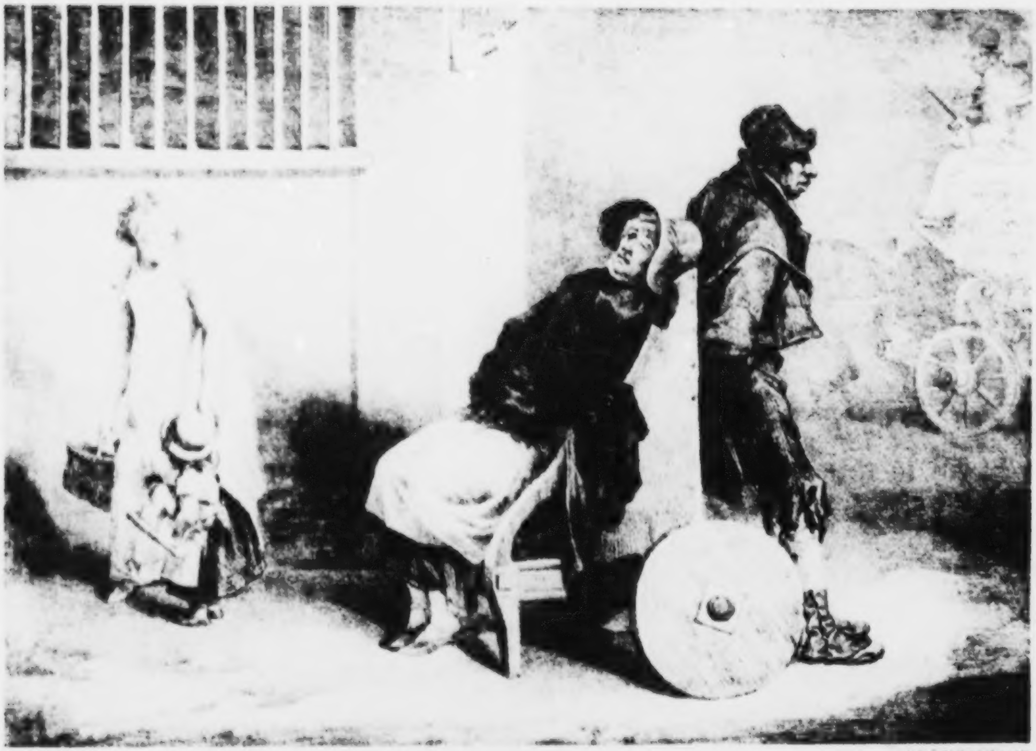
European Influences in Early American Society

The founding of schools for various groups of disabled children and young adults, and organizations run largely *for*, rather than *by* individuals with disabilities in Europe in the 1780s and 1790s, was not immediately replicated in the United States, although the European efforts were not unknown. Linked by a shared history, culture, academic and literary tradition, the Revolution and the economic and social upheaval that followed may have slowed the transfer of knowledge and experience. By the early 19th century, however, children from at least a few wealthy American families were being sent to European schools, such as Braidwoods School for the Deaf in Edinburgh. Interest in establishing special programs for disabled people—especially disabled children, began to grow in the United States in the first quarter of the 19th century and international links began to be established.

Americans, interested in organizing programs for various groups, initiated correspondence with colleagues in Europe, and traveled to the continent to meet leaders in the field.



Thomas Rowlandson (English, 1756-1827), THE AMPUTATION, 1785.



Jean-Louis-André-Théodore Géricault (French, 1791-1824), A PARALYTIC WOMAN, 1821

European pioneers in deaf and blind education, in mental retardation, and those working on new techniques for the physically disabled regularly received interested American educators, physicians and disabled citizens. The latest concepts in the field were translated and published in a host of newly instituted United States-based professional journals and a growing number of popular magazines and weeklies featured stories on individuals with disabilities, schools that served deaf or blind children and 'interesting' medical conditions, bringing new information into the homes of an increasingly literate public. Some European experts themselves came to North America to lecture and consult, and a few remained for part or all of their following careers.

Many of the most prominent European authorities sent several of their own students to the U.S. to initiate programs similar to well established, on-going ones in Europe.

Many of the most prominent European authorities sent several of their own students to the U.S. to initiate programs similar to well established, ongoing ones in Europe. For example, in 1816 the Abbé Sicard of the National Institute for Deaf Mutes in Paris gave permission for one of his senior teachers, Laurent Clerc, to accompany Thomas Gallaudet back to Connecticut so that he could help establish what is today the American School for the Deaf. Samuel Gridley Howe, while assisting in establishing what is today The Perkins School, hired two blind instructors in the 1830s, one from France, the other from Scotland, to teach. When the need arose for a teacher to organize the new Massachusetts School for Idiotic and Feebleminded Youth, Itaid's disciple, Edouard Sequin, was brought from Paris.

Gradually, the interchange of ideas from abroad and a general redefinition of social welfare and education sparked the establishment of schools, institutions and associations for and by deaf and blind groups and for mentally retarded children and adults throughout the United States. The growth of these institutions, schools and advocacy groups was significantly aided from the mid-19th century and by the growth (and flourishing) of a tradition of organized social charities, which worked on behalf of, (but rarely included or consulted with), individuals with disabilities.

Divisions Within the Disability Community

In both Europe and America, organizations for those who had physical or intellectual impairments were increasingly divided and isolated along the lines of specific types of disabilities. Organizations for blind groups did not regularly communicate with deaf advocacy groups, organizations for the mentally retarded did not seek support from well-organized deaf or blind groups. Interestingly, those who were physically disabled were rarely considered, by themselves or by the general public to be a distinct group, in the same sense as were blind, deaf or mentally retarded individuals. In fact, the historical development and treatment of physical disability as a distinct category, appears to have differed significantly from that of other disability groups.

Unlike services for the the deaf and blind communities, almost all facilities for physically disabled people were tied directly or indirectly to hospitals. Medical issues and medical definitions of priorities and concerns predominated. This may have been partly because there was more that 19th century medicine could do to treat, if not fully cure, some physically disabled individuals than those who were deaf or blind. In part, the difference in approaches to the deaf and blind as opposed to the physically disabled community may have been only an historical accident—the organizing of institutions and schools for those who were physically disabled, for example, took place several decades later than for most blind and deaf groups, just at the time established medicine began to become a stronger voice in American society.

In Europe, organizations and institutions for and of blind and deaf children and adults flourished in the late 18th and early 19th centuries. While an early institution for those with physical disabilities was founded in 1780 in Orbe, Switzerland, it was not until 1832, that the first school for "crippled children," the Royal Bavarian School and Home for Crippled Children, was founded in Germany. Prior to this, those who had physical impairments were simply kept at home, their inclusion in the family and community based on prevailing beliefs and their family's social and economic needs. From the 1930s on, similar schools and institutions gradually spread throughout Germany, France, Great Britain, Switzerland and Italy. A hospital-based system, it differed significantly from the deaf and the blind communities, where a system of prominent, well-respected educational institutions were centers from which ideas and advocacy was disseminated. Early advocacy efforts among blind and deaf groups were frequently run by individuals with disabilities themselves, often utilizing a network of contacts and connections made as students. As such the adult deaf and blind groups often functioned much like alumni organizations, and were often extremely effective. While the growing power of the medical establishment in the latter part of the 19th century would "medicalize" some issues for blind and deaf individuals, the strong academic and advocacy heritage would provide a balance within the community as a whole.

It was not until 1832, that the first school for "crippled children," the Royal Bavarian School and Home for Crippled Children, was founded in Germany.

For those who were physically disabled in the United States, during the mid-to-late 19th century numerous hospitals, schools and institutions were established. American surgeons who had Civil War service were among the first to explore what would come to be known as "rehabilitation," an attempt to improve or restore some physical functioning to an individual with a physical impairment, a term not in regular use until after World War I. For example, when noted Civil War surgeon Dr. Simon Baruch became Chair of the attending staff at New York's Montefiore Hospital after the War, he set up a program for physically disabled patients and in 1885 wrote about his work in terms that are strikingly familiar to many who would approach the field a century later. "It is a proud achievement," he noted, "when our records will tell that a goodly proportion of those who have entered our gates only to die in peace have again issued from them entirely or partially restored and enabled again to enter upon the battle of life from which they had regarded themselves as permanently banished." (Rusk:1972:57).

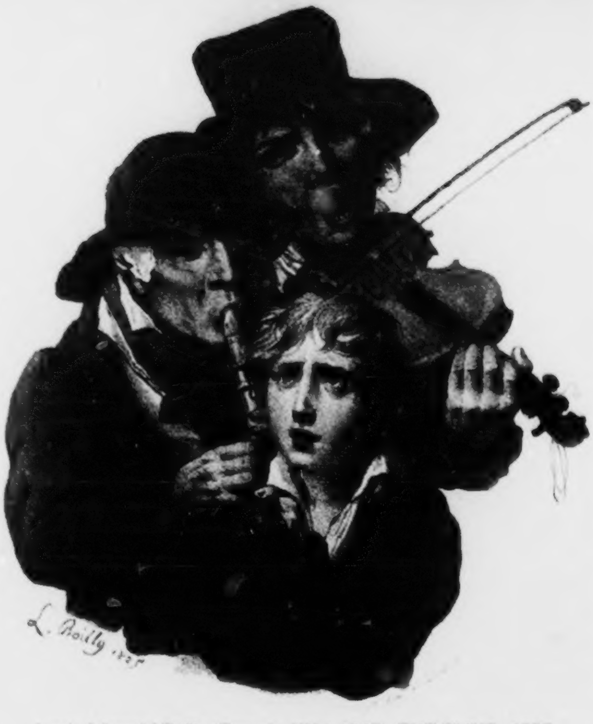
Despite the good intentions of physicians such as Baruch, the services available to those who were physically disabled was by no means comprehensive. Medical care or surgery was followed by prolonged bed rest attempt to coordinate attendant care, help locate or fit prostheses or retrain individuals for employment. Most children or adults with significant physical disabilities were relegated to life as "invalids"—physically, socially, legally and economically under the supervision of family members if they were fortunate, in an institution or a state-run poor farm if they were not.

The pattern of importing ideas and expertise from Europe to the United States remained significant throughout the 19th century.

International Exchange of Ideas at the Close of the 19th century

The pattern of importing ideas and expertise from Europe to the United States remained significant throughout the 19th century. There was an occasional American contribution to the Continent. For example, an American, Francis Campbell, a former Perkins teacher, founded the Royal Normal College for the Blind in England. The establishment of a college for deaf education in 1864, today known as Gallaudet, brought comment and observers from throughout the Continent. However, such examples are few and far between. For the most part, the later 19th century saw America continue to be primarily a recipient of European ideas, rather than a source of innovation. Contact with other parts of the world on disability matters was virtually non-existant.

The only significant exception to this pattern was the limited American contributions to a scattering of programs in what is today called the "Developing World." The late 19th century was the heyday of American missionary efforts abroad, and small institutions and schools for various groups of disabled populations—a school for the deaf here, an institution for blind youngsters there, were set up in Africa and Asia. However, these were usually small scale efforts, and the Americans who taught in these places were receiving their information and training third hand—they were trained in American institutions using European ideas and bringing these to the Third World for further dissemination. Moreover, in many cases their approach to "serving" those with disabilities reflected their own social and religious orientations rather than addressing directly the needs of those with whom they worked. And an unsettling undercurrent in many missionary-based accounts and reports indicated that many missionaries considered doing such work particularly arduous and praiseworthy.



Louis-Léopold Boilly (French, 1761-1845). THE BLIND, 1825

Occasional contact was also made between American schools and institutions, such as Perkins and Gallaudet, and people interested in establishing similar schools or clinics overseas.

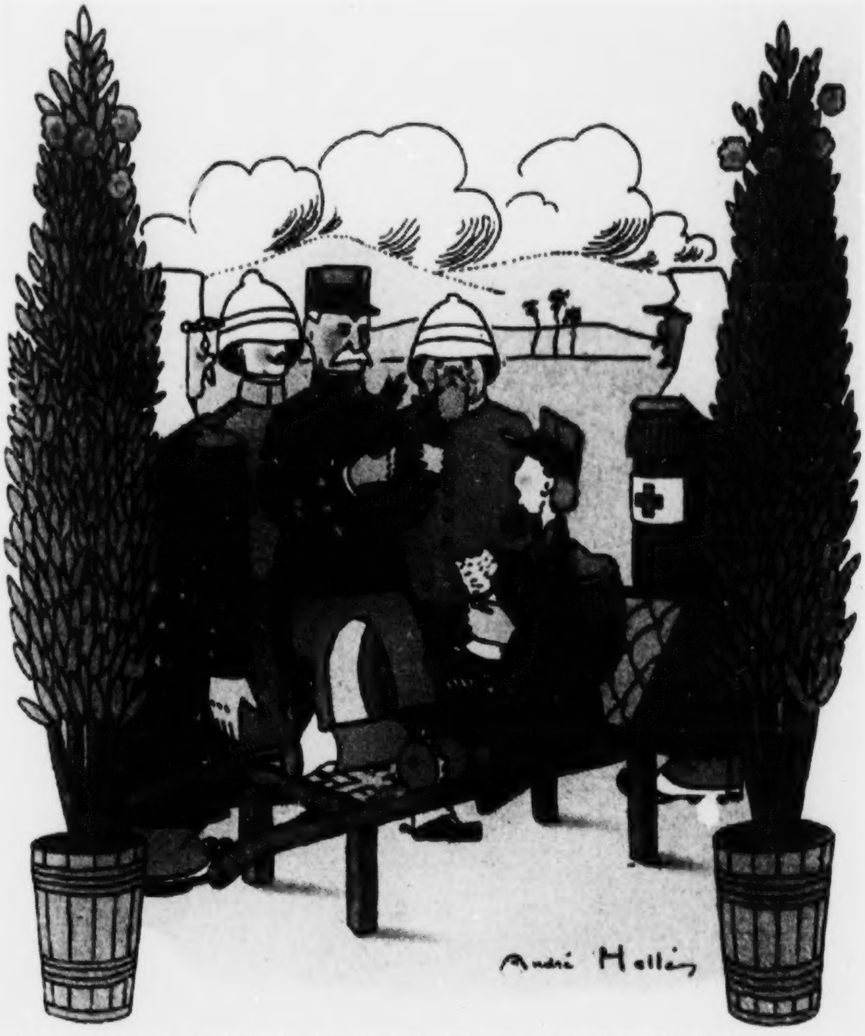
The exchange of information between Europe and the United States, while on-going throughout the 19th century, took place between a relatively small number of people who kept in regular contact and knew each other personally. In many ways, the network, once established, took on the characteristics of a small town, with many of the strengths and some of the weaknesses (rivalry, personal vendettas), attendant in any such small scale social situation. Within the deaf and the blind communities, regular ties were maintained with individuals and similarly organized advocacy groups throughout Western and Eastern Europe. Although interpersonal contact among medical personnel, educators and other professionals became more formal with the introduction of journals, training programs and annual meetings among professional groups, by the close of the 19th century, the patterns had been established. The U.S. nucleus of international disability work

The U.S. nucleus of international disability work was dependent on a handful of key people, few of whom were themselves disabled.

was dependent on a handful of key people, few of whom were themselves disabled. Much of the work, particularly by the women in the field, was done on a voluntary basis, and there were deep divisions within the work of disability related efforts based on disability categories.

1900-1920: World War I as a Watershed Period

The early years of the 20th century saw a continuing interest in disability-related work in Europe and in the United States, with significant progress in organizational, medical and legal approaches to disability issues. In the United States, the years during and following World War I were years of intense activity with initiatives divided between state and federal agencies and private voluntary organizations and advocacy groups.



*Lithographie von André Hellé, **Le Rire**, 20. Juni 1908. (Source: **Der Gezeichnete Mensch**, p. 39)*

In Europe and in the United States, World War I might be considered a watershed for the field of rehabilitation, as massive casualties forced refinements of surgical and post-surgical care. For the severely injured survival rates were not significantly better than they had been in the 19th century. For example, of the 400 American servicemen who became quadriplegic during World War I, half died on the battle front and eight out of ten who survived died within 90 days of returning home. For those whose injuries were less severe, surgical techniques and medical procedures had undergone some improvement. However, a comprehensive or coordinated approach by the medical establishment or social agencies for those who had received severe physical injuries was still lacking. There were no programs of exercise or training following injury; even prosthetics and orthotics were not usually a concern of medical professionals, as most patients were responsible for locating competent limb makers, and learning to use the such devices on their own.

Albee argued that disability had to be addressed by a scheme which would include "three legs of the tripod"— physical restoration services, vocational guidance and placement.

Medical care for physically disabled children and adults even in the most advanced civilian hospitals, was no better. Henry Kessler, the orthopedic surgeon who would later play a significant role in both domestic and international rehabilitation, recalled that during his surgical residency in New Jersey just after World War I, many of the methods used were "left over from Victorian days." Paraplegic patients for example, "...

were allowed to lie in a bed of sawdust, treated almost like animals. The theory was that if their bowel and bladder could not be controlled, at least the bed could be kept clean by removing the sawdust." (1968:53)

An exception in this era was the work of Dr. Fred H. Albee in New Jersey. Albee was, by training, an orthopedic surgeon who had already gained international fame by adapting techniques devised for tree grafting to the grafting of human bones. In touch with physicians throughout Europe and familiar with such pioneering rehabilitation work as that of Drs. Paul Pastur and Azer Basque with disabled French soldiers, Albee was concerned both with immediate medical needs and with the restoration of war injured veterans to society. Albee argued that disability had to be addressed by a scheme which would include "three legs of the tripod"— physical restoration services, vocational guidance and placement. Although acceptance of the self and self-determinates by disabled individuals were not part of Albee's agenda, it must be remembered that, for the times, Albee's "tripod" was revolutionary, and by the then-current practices, exceptionally broad.

When the United States entered World War I, Albee wrote to the Surgeon General of the United States War Department proposing the establishment of three comprehensive rehabilitation hospital facilities for injured soldiers. Only one was actually built, the 2000 bed United States General Hospital Number 3 in Colonia, New Jersey. Although in existence for barely 16 months, it was revolutionary in design. Featuring services for medical, surgical, physical and occupational therapy, it also contained an artificial limb factory, a brace shop and departments of psychology and social services. More than 30 trades were taught and social workers followed up with patients as they were discharged into civilian life (Kessler:1968:41). Over the short span of time the hospital was functioning, more than 6000 servicemen were treated and released.

The hospital at Colonia reflected all the lessons Albee had learned from his experiences in Europe and Canada. It would remain unique in the United States for the next 30 years. With the end of the War however, the military closed the hospital. An attempt to establish a comparable hospital through the state of New Jersey was not successful, although Albee did persuade decision-makers to establish the first state sponsored rehabilitation clinic in the country and the first Rehabilitation Commission to administer it. Albee's own private practice and continuing international work did not allow him time to develop his ideas in the field further.

The lack of a supporting constituency in the medical community or in broader society meant that there was also no on-going support or advocacy for Albee's ideas or approach. Slowly, memory of Albee's hospital began to fade. Fortunately, one of Albee's most successful accomplishments was the training of a young chief resident named Henry Kessler, who would be able to carry on and greatly expand upon many of Albee's early ideas. Kessler soon became Medical Director of the recently established New Jersey State Rehabilitation Clinic, then a four-bed facility located in an old factory building in Newark. For two decades Kessler would remain one of the few medical doctors in the country with an expertise in rehabilitation medicine.

The concept of employer responsibility for workers disabled while on the job was in its infancy.

State and Federal Involvement and Disability:

In the years between the turn of the century and Second World War in the United States, state and federal government agencies became increasingly involved in disability issues. Particular emphasis was placed on assisting those whose physical disabilities had occurred in the work place. In part, this reflected a response to the new dangers more complex manufacturing and processing technologies brought to the mines, fields and factories. In part, it was a consequence of the demographic changes brought by the movement of workers from small towns to big cities where, should they become permanently disabled, family and community support networks were lacking. (The emphasis on targeting services to former able-bodied workers was a haunting reminder of the distinction between 'deserving' and 'undeserving' poor and disabled set down in the 17th century English Poor Relief Act).

The concept of employer responsibility for workers disabled while on the job was in its infancy. Worker injuries were considered a misfortune, but not requiring the on-going responsibility of employers who might provide a small sum of money for the newly injured worker but rarely had in place an on-going pension system to provide help. The injured worker was responsible for him or herself, and the family was responsible if the worker was too severely injured to continue. Injury to a principal wage earner often brought poverty to an entire family and a life dependent on what little charity was available. The only exception to this was the long-established practice of providing small pensions to those severely injured in warfare—soldier's pension plans in Europe and the U.S. provided a very modest existence to those fortunate enough to receive them.

Despite opposition, in 1920 the Vocational Rehabilitation Act was passed by Congress.

Concept of Employer Responsibility

Workmen's compensation schemes originated in Europe and as early as 1893, U.S. President Benjamin Harrison was urging Congress to pattern a program of compulsory insurance for workers after one that had been adopted in Germany in 1883. Between 1910 and 1920, 42 states passed laws compensating workers for the loss of income due to an accident while on the job.

Worker compensation was given a boost when the Federal government for the first time, passed legislation on disability and rehabilitation. Known as the Soldier's Rehabilitation Act, it was approved unanimously by both House and Senate in 1918, but was intended solely as a program for returning veterans. A civilian agency, the Federal Board of Vocational Rehabilitation, was authorized to serve those disabled veterans who were still in hospitals and encampments. The legislation provided an opening for similar initiatives to be introduced and Congress was soon debating national bills to provide vocational rehabilitation programs for civilians "disabled in industry or otherwise." Strong opposition to these plans was mounted, particularly by industry leaders who viewed such programs as dangerously 'socialistic.'

Despite opposition, in 1920 the Vocational Rehabilitation Act was passed by Congress. It was strikingly limited by today's standards—it did not provide any benefits other than direct work training and was intended primarily for workers who had become disabled at the work site, not for those born with a disability or disabled in childhood. Yet, it remains significant as the first federal act to provide any vocational rehabilitation services for disabled citizens.

Vocational rehabilitation itself began to be defined as a distinct field, where counselors familiar with disability issues and social concerns helped "guide" disabled adults to what they believed to be appropriate areas of employment. Initially, these counselors had little formal training, although increasing concern about training and improving shared bodies of knowledge, led to the establishment of the National Rehabilitation Association in 1925.

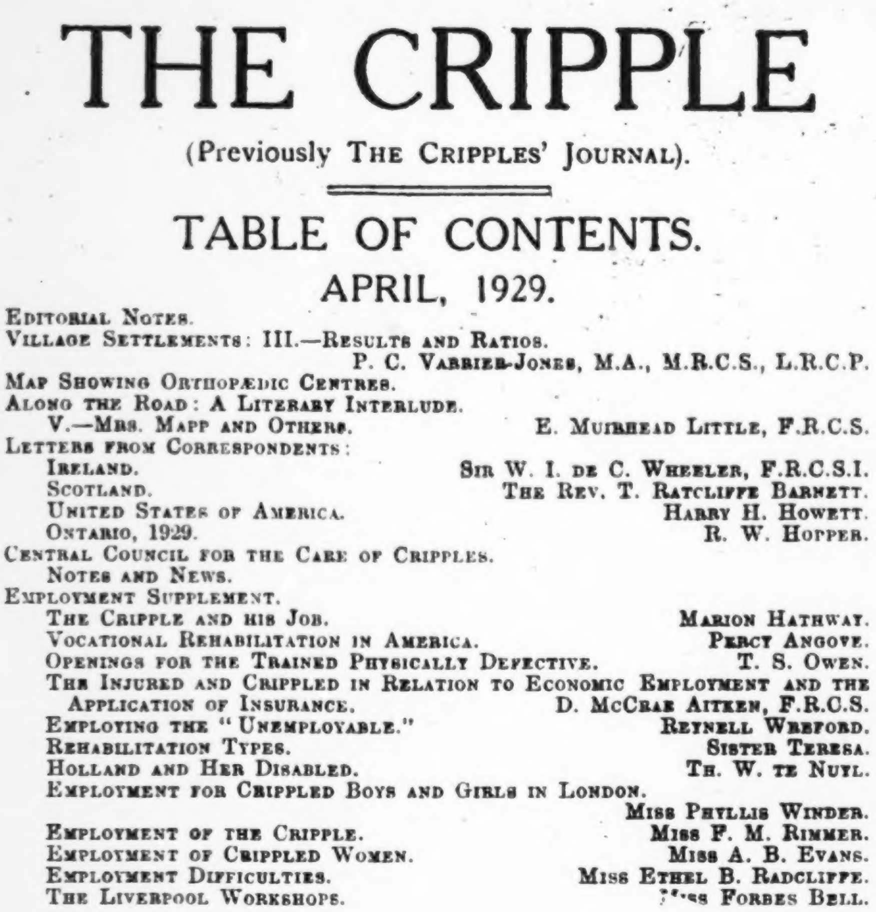
The Act also established, for the first time, an on-going office dedicated to disability issues within the Federal government. This office, in its various incarnations, would provide a focal point for future activity in the field and bring together a nucleus of concerned individuals who would eventually form national and international networks disseminating ideas and information. The Act is also of importance as it was incorporated into the Social Security Act in 1935 virtually unchanged. If the Vocational Rehabilitation Program had not existed, and an on-going office was not already functioning on behalf of disabled constituents, it is probable that the Social Security Act would have been far less focused on disability issues.

Other state and federal efforts on behalf of disability groups were low-key, many merely continuing support for schools and institutions first begun in the 19th century. Although a national policy was not established, there was, in the early years of the century, a tremendous growth on a state-by-state basis in the area of special education and specific disability-related institutions.

The Aftermath of World War I: Private initiatives

In the years following World War I new voluntary groups began to flourish, particularly in the field of physical disability. One of the first national efforts to focus specifically on rehabilitation in the United States was the establishment, in 1917, of the Red Cross Institute for the Crippled and Disabled (now the International Center for the Disabled [ICD]). The Institute initially sought to serve the war injured veteran but soon expanded its focus to include the civilian population. Stressing vocational rehabilitation for the physically disabled adult, the Institute was located in New York City and supported heavily by the philanthropist, Jeremiah Milbank.

The ICD was not the first rehabilitation institute in the United States. The Cleveland Rehabilitation Center was established in 1889 to provide since direct services to disabled children. however. ICD, however, seems to have been the



THE CRIPPLE

(Previously The Cripples' Journal).

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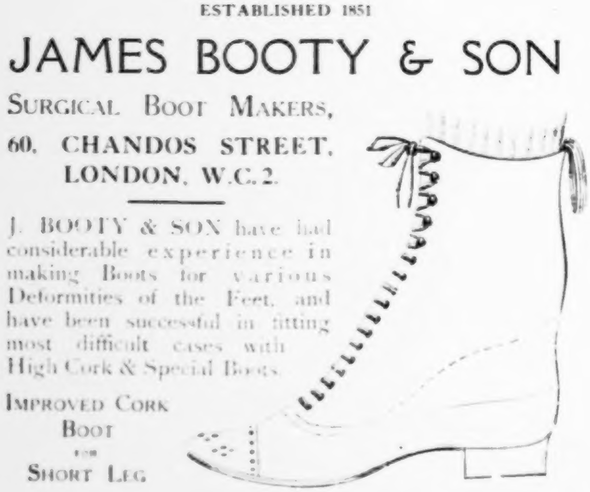
Above is a 1929 table of contents of "The Cripple," an international journal published in London, and below are two of its more prominent advertisements.



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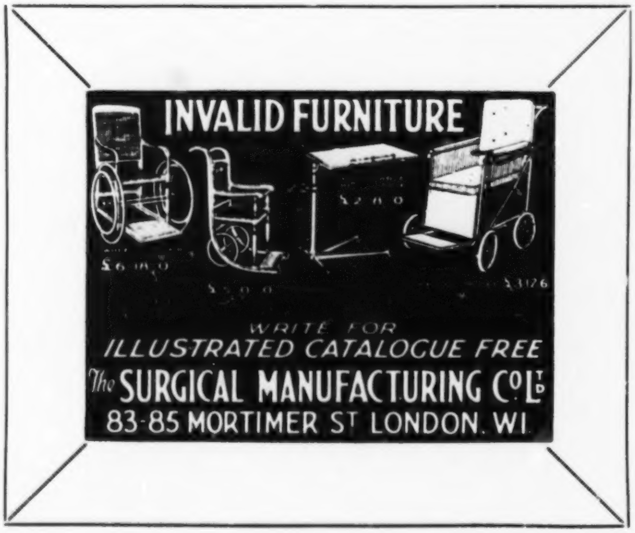

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first the first organization intended to serve nationally as a clearinghouse for information on physical disability. The Institute, very early on, became a place where much of the latest information on a wide range of topics and disabilities was collected and dispersed. The Institute's first Director, Douglas C. McMurtrie, became a highly effective spokesman for rehabilitation, frequently testifying before Congress throughout the following decades.

In 1919, in one of its earliest efforts, the Institute for Crippled and Disabled, in conjunction with the Red Cross Institute for the Blind, held an international conference on "Rehabilitation of the Disabled" in New York City.

In 1919, in one of its earliest efforts, the Institute for Crippled and Disabled, in conjunction with the Red Cross Institute for the Blind, held an international conference on "Rehabilitation of the Disabled" in New York City. It may have been the first international conference on rehabilitation of the physically disabled held in the United States and seems to have sparked considerable interest. Dominated by a medical orientation that would remain in the field for decades to follow, most who attended were physicians, many prominent medical officers from the allied armies of Belgium, France, Italy, Britain and Canada, as well as the United States. The conference, described in the program as "an unofficial conference on rehabilitation," proved to be a valuable assemblage of ideas and approaches. "Moving pictures" were even shown, with film titles such as "The Way Out—The Conquest of Disability" and "French War Cripples Return to the Farm".

The International Society for Crippled Children (Rehabilitation International)

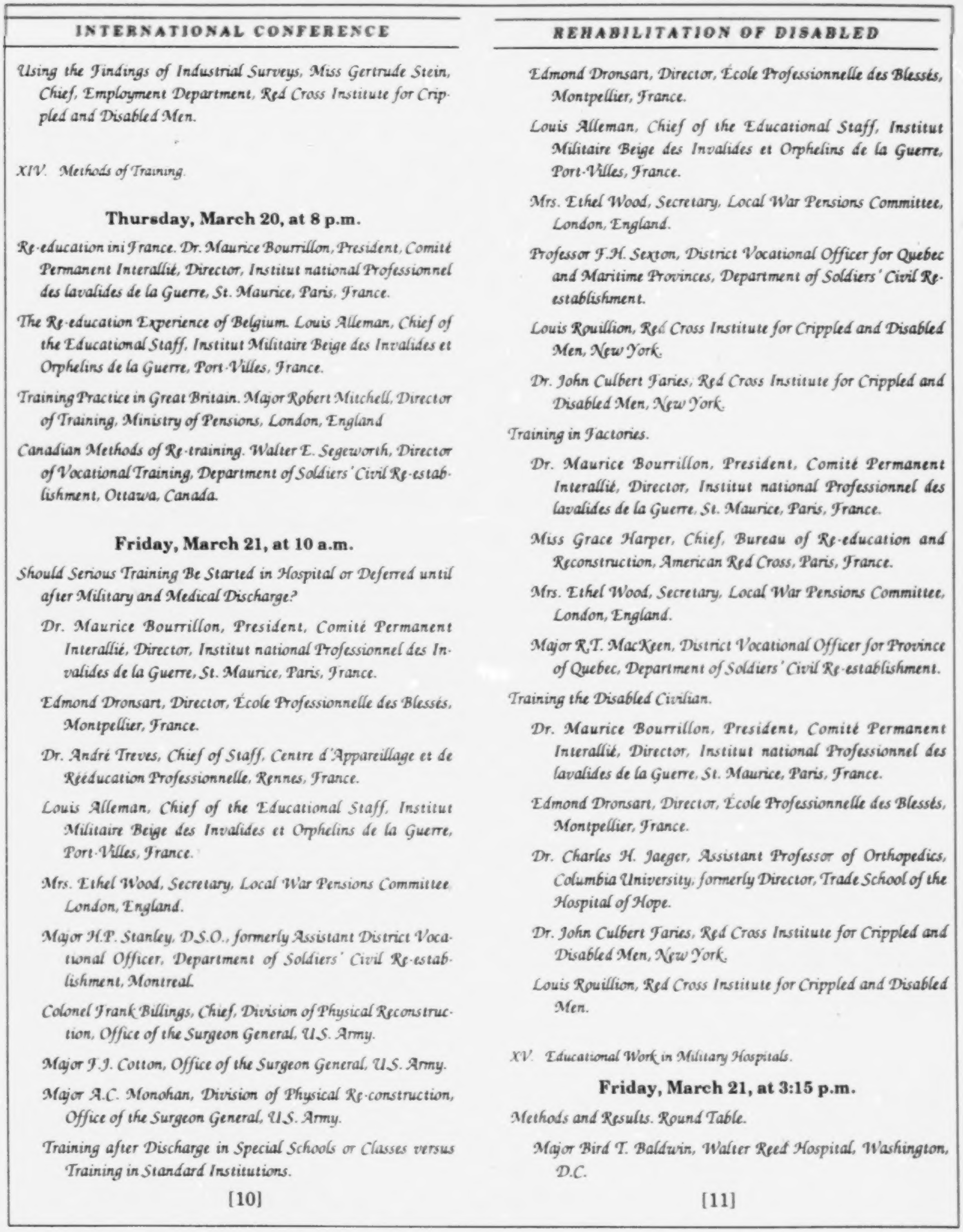
In 1922 the earliest incarnation of what is now Rehabilitation International, was founded in Elyria, Ohio. The organization grew out of the interests of a local businessman, Edgar F. (Daddy) Allen. Looking back over time, Allen would seem to have been an unlikely choice for a visionary in the field of disability, yet he was to become a very effective thinker, spokesman and organizer.

Allen's participation in the field evolved gradually. He had no international links and possibly had never traveled outside the mid-West. A well-respected middle-aged businessman in the small town of Elyria, he began his career as a hardware salesman and eventually made a small fortune supplying telegraph poles to industry. His life changed dramatically however, when a streetcar accident took the life of his teenaged son and 15 others who might have been saved, had a hospital been nearby. Allen, distraught, immediately retired from his own business to head the citizen's fund raising committee to establish a local modern hospital.

Edgar F. Allen

After the hospital was built, Allen was an active board member. Several years later, a disabled child being treated at the hospital needed assistance and Allen was contacted. The problems the child was encountering within the medical system were not isolated ones, and the medical staff prevailed on Allen to oversee a survey of physically disabled children in the county to assess local needs.

Few statistics were available at that time on disabled children, and Allen's survey identified over 200 children "hidden away" in homes all over the county. The number of disabled children was many times greater than anticipated by the local physicians, and the children identified were in dire need of medical attention and educational op-



Using the Findings of Industrial Surveys, Miss Gertrude Stein, Chief, Employment Department, Red Cross Institute for Crippled and Disabled Men.

XIV. Methods of Training.

Thursday, March 20, at 8 p.m.

Re-education ini France. Dr. Maurice Bourrillon, President, Comité Permanent Interallié, Director, Institut national Professionnel des lavalides de la Guerre, St. Maurice, Paris, France.

The Re-education Experience of Belgium. Louis Alleman, Chief of the Educational Staff, Institut Militaire Beige des Invalides et Orphelins de la Guerre, Port-Villes, France.

Training Practice in Great Britain. Major Robert Mitchell, Director of Training, Ministry of Pensions, London, England

Canadian Methods of Re-training. Walter E. Segeworth, Director of Vocational Training, Department of Soldiers' Civil Re-establishment, Ottawa, Canada.

Friday, March 21, at 10 a.m.

Should Serious Training Be Started in Hospital or Deferred until after Military and Medical Discharge?

Dr. Maurice Bourrillon, President, Comité Permanent Interallié, Director, Institut national Professionnel des Invalides de la Guerre, St. Maurice, Paris, France.

Edmond Dronsart, Director, École Professionnelle des Blessés, Montpellier, France.

Dr. André Treves, Chief of Staff, Centre d'Appareillage et de Rééducation Professionnelle, Rennes, France.

Louis Alleman, Chief of the Educational Staff, Institut Militaire Beige des Invalides et Orphelins de la Guerre, Port-Villes, France.

Mrs. Ethel Wood, Secretary, Local War Pensions Committee London, England.

Major H.P. Stanley, D.S.O., formerly Assistant District Vocational Officer, Department of Soldiers' Civil Re-establishment, Montreal.

Colonel Frank Billings, Chief, Division of Physical Reconstruction, Office of the Surgeon General, U.S. Army.

Major F.J. Cotton, Office of the Surgeon General, U.S. Army.

Major A.C. Monohan, Division of Physical Re-construction, Office of the Surgeon General, U.S. Army.

Training after Discharge in Special Schools or Classes versus Training in Standard Institutions.

Edmond Dronsart, Director, École Professionnelle des Blessés, Montpellier, France.

Louis Alleman, Chief of the Educational Staff, Institut Militaire Beige des Invalides et Orphelins de la Guerre, Port-Villes, France.

Mrs. Ethel Wood, Secretary, Local War Pensions Committee, London, England.

Professor F.H. Sexton, District Vocational Officer for Quebec and Maritime Provinces, Department of Soldiers' Civil Re-establishment.

Louis Rouillion, Red Cross Institute for Crippled and Disabled Men, New York.

Dr. John Culbert Faries, Red Cross Institute for Crippled and Disabled Men, New York.

Training in Factories.

Dr. Maurice Bourrillon, President, Comité Permanent Interallié, Director, Institut national Professionnel des lavalides de la Guerre, St. Maurice, Paris, France.

Miss Grace Harper, Chief, Bureau of Re-education and Reconstruction, American Red Cross, Paris, France.

Mrs. Ethel Wood, Secretary, Local War Pensions Committee, London, England.

Major R.T. MacKeen, District Vocational Officer for Province of Quebec, Department of Soldiers' Civil Re-establishment.

Training the Disabled Civilian.

Dr. Maurice Bourrillon, President, Comité Permanent Interallié, Director, Institut national Professionnel des lavalides de la Guerre, St. Maurice, Paris, France.

Edmond Dronsart, Director, École Professionnelle des Blessés, Montpellier, France.

Dr. Charles H. Jaeger, Assistant Professor of Orthopedics, Columbia University, formerly Director, Trade School of the Hospital of Hope.

Dr. John Culbert Faries, Red Cross Institute for Crippled and Disabled Men, New York.

Louis Rouillion, Red Cross Institute for Crippled and Disabled Men.

XV. Educational Work in Military Hospitals.

Friday, March 21, at 3:15 p.m.

Methods and Results. Round Table.

Major Bird T. Baldwin, Walter Reed Hospital, Washington, D.C.

Above is part of the program for the 1919 "International Conference on Rehabilitation of the Disabled" held in New York. Day sessions were at the Waldorf-Astoria Hotel and evening sessions were in Carnegie Hall. Official delegations of "the principal allied countries" attended from France, Belgium, Italy, Britain and Canada.

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portunities. Parents were keeping their physically disabled children close to home, some apparently concerned with how the child would be treated in the community, and many also fearing that their children would be taken from them by local authorities and placed in institutions.

Allen's initial response to the survey findings was to organize another fund raising drive to found a special medical facility for disabled children in Elyria. However, Allen also realized that the data from Ohio reflected a tremendous unmet need for care of and information about disabled children throughout the United States. Teaming up with the newly formed local Rotary Clubs, in 1922, Allen and a small core of volunteers organized a Society, initially named the National Society for Crippled Children, to provide local care and services for physically disabled children. In addition to offering immediate clinical services for some children, a basic goal of the new Society was to serve as a clearinghouse for information on medical, social, educational and legislative policies that concerned these children.

> *The fledgling group, to accommodate their Canadian colleagues, officially changed its name to the "International Society for Crippled Children," and a new direction in rehabilitation was begun.*

The international activities of the new Society began soon after its founding, although the initial manifestation of this was quite limited in scope. The trial program of clinics and services begun in Ohio by Allen and his local Rotary group was copied by fellow Rotarians in Michigan the following year. These programs received a good deal of local attention and in 1923, Rotarians across the border in Ontario, Canada expressed interest in joining the new group. The fledgling group, to accommodate their Canadian colleagues, officially changed its name to the "International Society for Crippled Children," and a new direction in rehabilitation was begun.

The International Society quickly became a clearinghouse for information about disabled children, and increasingly, adults with disabilities as well. As an organization, its strength lay in its ability to disseminate information and to serve as the hub of a network, putting people and groups in touch with each other and raising money to encourage the exchange of ideas and information. The organization had no single direction and issues were addressed as they arose—a packet of information on physically disabled children would be assembled and sent to Greece, a letter requesting information from a teacher in Japan would be answered and a volunteer would give a lecture in Grand Rapids to try to raise $500 for work with disabled children in Bulgaria.

The emphasis of the Society was specifically on physical disabilities in children. Although occasionally in touch with deaf and blind advocacy groups, the International Society rarely joined forces with other disability organizations. Organizations for and by deaf and blind constituencies had already established a circuit of schools and institutions with their own national and international networks. The International Society did not use these established networks regularly. Instead they established new links with individual medical facilities and civic organizations that had not previously been involved with international rehabilitation work.

The lack of services and organized advocacy groups for physically disabled children was so great that although it remained a small voluntary organization, the International Society soon became influential. Allen, who remained President until his death, was in frequent contact with interested individuals throughout the United States and Europe and began to count national leaders and politicians, including Franklin Delano Roosevelt, as personal friends.

Very early on, however two different foci emerged, one national and one international. Some within the group felt that pressing needs at home should be addressed first. Others, who had already had some international experience, felt there was much to learn and do internationally and were more keenly aware that no other international organization was addressing these issues. Within a few years, these differing foci resulted in a formal division within The International Society. That part of the Society which had a national focus renamed itself The National Society for Crippled Children and Adults, and changed its name again later to the National Easter Seal Society for Crippled Children and Adults to reflect their most successful fund raising technique. Among other activities, this National Society continued and expanded its program to fund medical care for children. Rotary remained closely involved and during the 1920s, most of the funding for disabled child services and hospitals in the United States were furnished by Rotarians. Not until 1935, with the passage of the Social Security Act which had provision for "crippled children" did most states begin to establish independent programs for disabled children, the pioneering work done by Easter Seals and the Rotary provided a model for many of these.

The international segment of the organization retained its name, the International Society for Crippled Children. There would be several subsequent name changes: The International Society for the Welfare of Cripples, the International Society for the Rehabilitation of the Disabled and finally, in 1972, Rehabilitation International. It would maintain its strong international focus throughout the years.[1]

While both formal and informal meetings related to rehabilitation were nothing new to the Europeans, the Geneva meeting is of note for Americans, as it gave many their first organized exposure to delegates from other countries.

In 1929, the International Society became incorporated under the laws of the state of Ohio, and in that same year, it had grown large enough to hold its First World Congress in August, in Geneva, Switzerland. This was not the first international conference to be held on the subject of physically disabled children. A previous international meeting on much the same subject had been organized in 1927 in Ostend, Belgium, in conjunction with a Rotary International Assembly. Nevertheless, some 50 people attended the First World Congress in Geneva and although organized under the auspices of the Americans, a dozen countries were represented. Many of the participants were Europeans who had long been active in rehabilitation issues. While both formal and informal meetings related to rehabilitation were nothing new to the Europeans, the Geneva meeting is of note for Americans, as it gave many their first organized exposure to delegates from other countries.

Much of the early success of The International Society was due to Edgar Allen's ability to articulate international concerns, and these are particularly striking given his small town roots. His thinking may, in part have been influenced by Rotary, which traditionally has maintained a local/global view. It may also have been a logical assumption on Allen's part to believe that if disabled children were undeserved and in need in the heart of Ohio, their existence in other parts of the globe must have been at least as precarious.

Whatever the source, it is remarkable that even in the very earliest years of the Society, Allen and his associates were raising issues that are current today. For example, Allen insisted that disabled individuals were limited by social attitudes far more than by physical impairments. He clearly articulated the argument heard throughout the subsequent decades that it made good economic sense for disabled adults to receive a solid education and job training, as they would return the expenditures may times over as tax payers. Finally, in an era in which almost all services for disabled individuals were still presented as "noble" and "charitable", Allen strongly argued that disabled individuals had a *right* to independence and equal opportunity.

Allen's early work was amplified by his successor, Paul H. King, an active Rotarian and Federal judge in Detroit, Michigan, who followed Allen as President in 1935. King's familiarity with legal issues apparently prompted him to increase the legal and policy oriented approach of the organization. The influence that the International Society for Crippled Children had was felt no more strongly than in Ohio itself, which became a hot bed of activity. Because of The Society's work, Ohio became an important center for Americans interested in rehabilitation. By the late 1920s, Ohio led most other states in its legislation on disability-related issues,[2] as well as having a number of solid regional medical and educational programs for children with disabilities.

Finally, in an era in which almost all services for disabled individuals were still presented as "noble" and "charitable", Allen strongly argued that disabled individuals had a right to independence and equal opportunity.

Other Non-governmental Groups

The years following World War I saw the establishment of a number of private voluntary organizations specifically devoted to physical disability issues within the United States. Some were local or regional, others were national in scope. Almost all these groups, however, targeted distinct sub-populations within the disabled community, concentrating on research and services for individuals with specific impairments. These joined the already established local, state and regional advocacy groups and societies working on behalf of blind, deaf and mentally retarded children and adults.

Most European nations would develop centralized or closely coordinated governmental or semi-governmental approaches for programming and planning.

The sheer numbers of these voluntary organizations is uniquely American. Although some nations, such as England, had a long history of private voluntary organizations carrying out social work as a supplement to more centralized government planning, most European nations would develop centralized or closely coordinated governmental or semi-governmental approaches for programming and planning. In the United States, however, no centralized or coordinated national approach to disability developed, although a number of different care and funding delivery mechanisms have been founded through a variety of legislative acts and federal programs.

Private voluntary organizations seem to have had, from the beginning, a much stronger voice in directing local and national policy and molding public attitudes. Whether a more centralized system would have been developed by the Federal government, had these organizations not already become so well established, is an interesting question, and takes on more of a chicken-and-egg argument than can be adequately reviewed here. What is clear is that in the years following World War I, these private efforts filled a vacuum and no significant coordinated government "safety net" or service structure for American children or adults with disabilities developed. Most of these private voluntary organizations grew out of a sense of civic duty and were supported by religious denominations or were linked directly or indirectly to hospitals or institutions.

What is clear is that in the years following World War I, these private efforts filled a vacuum and no significant coordinated government "safety net" or service structure for American children or adults with disabilities developed.

The population's heavy reliance on voluntary organizations rather than on a more unified Federal role, has had wide repercussions and continues to influence how the United States approaches disability issues. Among the significant characteristics of the voluntary system with strong historical roots that today continues to pose problems, are:

Franklin Roosevelt during his recovery from polio which he contracted in 1921.

a) "Helping the disabled" continues to be defined as a valid *charitable* act—a good deed. Responsible citizens (presumably all non-disabled), are assured that they are performing their "civic duty" by contributing to one of the many non-profit, tax-deductible organizations that ask for help. Many of these organizations also receive state and federal assistance for their programs. Such a model places disabled individuals in the role of being continual *recipients* of charity, rather than competent citizens and taxpayers, who are considered to have a right to some assistance when it is needed.

b) Because all of these organizations and their constituents were dependent on voluntary contributions of funds from the general public, the system as it arose, encouraged fierce competition. This has tended to fragment disability interests, rather than encourage collaboration or consolidation. Organizations were often pitted against one another in the competition for monies, slowing the free exchange of ideas and innovations.

c) A further outgrowth of this competitive system seems to have been the need to portray the particular disease or disability for which one is requesting funds in the most pathetic terms, to appear to be most deserving of contributions. It was through such a system that approaches such as "the poster child" came into being.

These approaches are not absent from Europe, Asia, South America and other parts of the world but are of specific concern in the United States—a product of a uniquely American historical process. This competitive and decentralized system which evolved between World War I and World War II is a continuing source of much of the current confusion in the responsibilities and roles of state and federal government, the rights of disabled citizens and the future roles and directions of private voluntary agencies. Moreover, these factors play a part in American activities in international rehabilitation and disability. Interestingly, it should also be noted that although the voluntary organizations have a large voice in setting national agendas, they often rely heavily for their own funding upon local, state and federal grants and allocations. The public has relied heavily on these already established organizations to provide administrative, social and medical services within many communities, although such organizations are rarely directly accountable to the general public.

The Depression

The number of organizations and individuals involved in disability issues grew throughout the 1920s, only to diminish precipitously as the Depression deepened in the early 1930s. Although some new legislation, including the Social Security Act, evolved, and some national programs began or continued, the Depression eroded the national tax bases, and, more seriously for private organizations, voluntary contributions from the public. Programs, such as those in special education funded through local taxes administered through Education Departments, were the first to be cut. Schools, hospitals and training centers faced limited budgets and trained personnel left when programs were curtailed. A generation of trained personnel was lost to the field.

The only internationally focused American-based disability society, the International Society for Crippled Children continued to function throughout the 1930s, although the Depression hit hard at both membership and donations, and support for travel and international exchanges were much reduced. The organization's Second World Congress took place at The Hague, Netherlands in 1931 and the Third in Budapest in 1936. At the Budapest meetings, a committee on reorganization was appointed and a new constitution was drafted. The proposal to change the organization's name to the International Society for the Welfare of Cripples, was formally adopted at the Fourth World Congress in London in 1939, which attracted 412 delegates from 45 countries despite the rising political tensions in Europe. The change of name reflected a broadening concern for adults as well as for children with physical disabilities. A review of the Proceedings of the Congresses in Budapest and London also reveals policy statements, scheduled discussions and panel topics on broad social issues such as education, economics, and employment. Even discussion of architectural barriers and social equality appear in various forms, although the terminology used often differs from that of more recent years (Acton:1986:148-49).

Bell Greve at a UN dinner, New York, 1950s.

In addition to holding conferences and serving as a resource center, International Society officials were active on the organization's behalf. Kessler was a regular figure at international conferences, and Bell Greve, a Cleveland-based social worker who had already become a significant figure within the International Society, was instrumental in helping to establish a number of national organizations overseas, such as the Hellenic Society for Disabled Children in 1937.

The International Society was not the sole American-based player on the international scene.

The years between the First and Second World Wars also brought growth in medical and rehabilitation knowledge of the realities of physical disabilities.

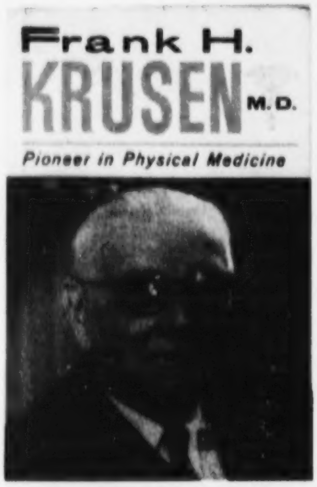
American schools and organizations for deaf and blind children and adults maintained international links. The National Organization of the Deaf, an active and strongly pro-Sign Language group was regularly in contact with foreign national deaf associations. American blind groups, always active internationally, continued to conduct outreach and a new era in international liaisons was begun when Dr. Edward Allen initiated the Perkins' Teacher Training Program specifically for teachers of the blind overseas. American professional journals, newsletters and newspapers for these communities were regularly filled with the latest news, ideas, (and occasionally gossip), from Europe. Increasingly, brief accounts of programs and meetings in Asia, Latin America and Africa also found their way into print.

Medical Progress

The years between the First and Second World Wars also brought growth in medical and rehabilitation knowledge of the realities of physical disabilities. Several important figures are of note in this period.

Dr. Henry Kessler was redefining the field of rehabilitation, writing extensively in the medical literature on injury cause and prevention, developing technical innovations in surgery and authoring text books presenting overviews of the field. Kessler regularly traveled to Europe to attend meetings, present lectures and papers and discuss surgical rehabilitative issues with colleagues.

Also of note is the work of the American physician Frank H. Krusen, who established the Department of Physical Medicine at Temple University in 1929. He joined the Mayo Clinic in 1935, and was to become President of the Sister Elizabeth Kenny Foundation in later years. He was prominent on the national scene along with Kessler, and although he was not as involved with international issues or training, his work was known and respected throughout the medical world.


Frank H.
KRUSEN M.D.
Pioneer in Physical Medicine

Kessler and Krusen were not the only physicians working on issues of physical disability and rehabilitation. There were a number of hospitals and institutions for "cripples" where medical services were provided; however, in these centers, the focus was solely on direct medical care. There still was nearly no rehabilitation or follow up, as it is understood today. Patients received surgical and post-surgical care, but preparing people for some participation in the community was not addressed. Children born with significant physical disabilities might spend the first six to ten years of their lives in facilities for "crippled" children, rarely or never returning home or seeing their parents. Hospital-based schools provided education for thousands of children who today would be incorporated in the regular classroom setting.

Hospitals and institutions dedicated to disabled children and adults, increasingly common in the first three decades of the 20th century, continued to exist outside the mainstream of the general medical community. While improving surgical techniques might allow for an improved quality of life for some, and better prosthetics and orthotics permitted greater mobility for a few, little was done to integrate physically disabled people, particularly those with significant physical impairments, into the broader society. Moveover, ideas and advances developed in these specialized centers made little dent on established medical thinking of the era. Few physicians, outside of the handful of surgeons who specialized in the area, had ever heard of the subspeciality of rehabilitation and no national academy of physicians working in rehabilitation existed to formally organize information or oversee training in the field. Physical therapy, as a profession was relatively new—(the National Rehabilitation Association was organized in 1923), and the focus of the field continued to be work with post-operative patients, rather than work on a continuing basis to improve a disabling condition.

Public Attitude and Media Attention Between the Wars

The period between World War I and World War II was also one of growth of public awareness on disability in various aspects. For one, public debate about eugenics and by extension, disability, which had been growing since the turn of the century, increased internationally, particularly after the rise of the Nazi party in Germany. Although eugenics had already begun to be discounted as a valid theory by most scientists, it continued to be an issue of great interest to the general public and the popular press.

Media attention also began to be focused with increased regularity on people who were disabled. Most of this attention centered around unusually accomplished individuals presented in an inspirational fashion, rather than on the problems and potentials faced by the average disabled child or adult. Nonetheless, issues of physical disability, deafness and blindness for the first time were being addressed in the media in a relatively straightforward manner. Much of the Victorian sentimentality was gone, although it would still be many decades before descriptions of a disabled person's daily life would omit terms such as 'noble', 'inspirational' and 'courageous.' Not all types of disabling conditions received this new attention equally. It was only after World War II that public discussion of mental retardation would begin, and not until the 1970s that a comparable development would occur for those who were mentally ill.

Interestingly, Franklin Delano Roosevelt, the individual who dominated much of this era politically in the United States, was himself disabled. Although significantly impaired by polio, the extent of his disability was downplayed both by him and those around him. (Gallager:) Although he was instrumental in helping to initiate programs such as the March of Dimes (now known as the National Foundation), in 1938, Roosevelt seems to have participated in disability organizations in the guise of an influential benefactor, rather than as an individual who was disabled. Eleanor Roosevelt however, had an abiding interest in disability issues begun in the 1920s, which would continue to grow, making her an important player in rehabilitation issues after World War II.

From the late 1930s on, tenBroek, of the National Federation of the Blind, was insistent that people with disabilities be recognized as their own spokespersons.

Nor was all the disability advocacy done by organizations or non-disabled individuals. On the international scene, in addition to Allen, King and Kessler, a significant individual, whose ideas would not be recognized as important until decades later was the blind lawyer and Berkeley-based professor Jacobus tenBroek. From the late 1930s on, tenBroek, of the National Federation of the Blind, was insistent that people with disabilities be recognized as their own spokespersons. The concept did not of course, originate with tenBroek. Certainly, there had been repeated calls for self-determination, particulary in the blind and the deaf communities both in the United States and in Europe throughout the 19th century. However, in the decades following World War I, tenBroek was one of the few who did not waver in his vocal insistence that disabled people had the right to equal treatment and self-determination.[3]

Tribute to Jacobus ten Broek by the (former) International Federation of the Blind, 1974.

Jacobus ten Broek, American, lost his eyesight in early childhood in an accident. He first attended the school for the blind in California, where he excelled by assiduity, attentiveness and a clear intellect. Well skilled and gifted, he fulfilled the basic requirements to go in for a university education in law. He took a doctor's degree and was later on appointed professor at the University of California. Besides his profession, he felt a passionate urge to devote himself fully to the destiny of his many companions, the blind. Around him, and on a larger scale, he saw that a lot still had to be done in the field of politics, organization and social integration of the blind. Hence, he set to work eagerly and started by founding the "National Federation of the Blind" in California, and became its first President. By doing so, the first organization of the blind had been created outside Europe. The Californian foundation was the starting-point for succeeding national American organizations, founded by ten Broek and constantly inspired by him in different ways. Until his early death he was and remained the patron and intellectual advocate of the American organizations of the blind. He published a number of scientific writings on welfare legislation for the blind. In 1964, on occasion of the Congress of the World Council of Welfare for the Blind, he founded a sub-organization of UNESCO, the "International Federation of the Blind", together with a number of experienced politicians of the blind, by initially uniting 10 national organizations in the IFB. He was the originator of the American Act on the white cane as the sole aid for the blind in traffic. This idea conquered the whole world because of its importance in traffic. He was also the creator and publisher of the first American magazine of the blind, "The Monitor" in which his thoughts, ideas and appeals were widely spread. It was also on his initiative that the World Council decided in 1964 in New York that 50% of the delegates had to come from organizations of the blind. On his death-bed he completed a scientific work on legislation for physically handicapped people.

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Chapter II: Rehabilitation and Disability in the United States, 1940-1970

World War II

The growth of disability organizations and advocacy groups which had slowed during the Depression was further set back by the start of the Second World War. As often has been the case historically in times of political or economic stress, disability issues fell to the bottom of the list of social concerns, as War came to dominate daily life. The War efforts left little time for attention to voluntary groups or advocacy, even for those who had been very active. There was a disruption of state and federal programs, and schools and training facilities that had managed to survive the Depression closed or were consolidated, as funds were allocated elsewhere and administrators, staff and transportation became difficult to locate.

If national programs for disabled groups were slowed, those with an international perspective all but ground to a halt. Up until the Second World War, the International Society had been a voluntary organization. With the War effort underway, little time or attention could be spared and travel was virtually impossible. Planned international meetings were cancelled, no monies entered the treasury, and the whole movement effectively stopped. The reason it did not unravel completely was due to the vision and energy of one early leader who today is largely forgotten, Bell Greve.

*(Source: **Performance,** 1976-77)*

Bell Greve

Bell Greve, the Director of the Cleveland Rehabilitation Center, had become Secretary General for the International Society for Welfare of Cripples in 1939. When World War II began, Greve decided that it had become her responsibility to keep the organization alive. Although the Mexican physician, Juan Farrill, was named President after Paul King's death in 1942, it was Bell Greve who actually kept the organization intact and maintained contact, where possible, with members worldwide. When funding and support disappeared, she moved the organization's files to her own office in Cleveland and ran the Society out of a file cabinet in the corner for nine years. Contributing her own time and personal savings to keep it solvent, she made plans for reviving the organization at the end of the War. Few documents have survived from this period (probably few were needed, as much of it was carried in Bell's own head), but those that have show that Greve was regularly in touch with officers and

The War also brought forward a new generation of leaders in American-based international rehabilitation—individuals with formal training in international policy and administration

members of the organization. Always able to envision projects and programs on a large scale, she foresaw the pressing needs for rehabilitation in many countries when hostilities ceased and busied herself drafting proposals and reports, such as plans to set up a rehabilitation program for disabled soldiers and civilians in mainland China (Greve and Chang: nd).

A social worker and lawyer by profession, Greve had more international experience than any of the senior officers before her. She served with the Red Cross in Czechoslovakia after World War I, and later worked in Greece and Armenia as a consultant in rehabilitation representing the ISWC and the Near East Foundation. It is unclear when Greve became affiliated with Allen's International Society. She was still in Czechoslovakia when the organization was formed in 1922, returning to Ohio only in 1924 to become Superintendent of the Division of Charities in the State Welfare Department. She was apparently active in the Society by 1933, when she became Executive Director of Ohio's Association for the Crippled and Disabled, for she actively lectured on its behalf throughout the mid-West and was responsible for organizing the Third World Congress in Budapest in 1936, and the Fourth in London in 1939.

If actual development of international organizations and informal networks was slowed because of the War, the War itself served as a catalyst for the subsequent commitment to the war wounded, the need to involve disabled adults in the work place and the need to accurately assess the number of disabled individuals and their capabilities for planning purposes. The combination of these factors served as a stimulus to the tre-mendous growth in rehabilitation that began in the later years of the War and increased dramatically in the following decades. The War also brought forward a new generation of leaders in American-based international rehabilitation—individuals with formal training in international policy and administration who had gained extensive experience working in the international arena. This growth and leadership would help to place the United States rehabilitation community in a prominent international role in the post-War years.

Government Programs during the War

In distinct contrast to the major disruptions caused by the War to voluntary and non-profit groups and programs, the conflict brought a new Federal involvement with disabled groups and programs. Two major issues were involved. The first was the need to utilize all available manpower on the home front. The second, was the need to rehabilitate injured veterans.

The issue of "manpower" arose very early in the War as disabled men and women began to be identified as an untapped workforce for the War effort. As skilled craftsmen left for the armed services, many of their jobs were broken down and simplified so that they could be done by less well trained workers. While the intention was often to allow untrained women and older men to perform these tasks, there were an increasing number of jobs that more seriously disabled individuals could do as well. It is widely believed that many disabled men and women, unemployed throughout the Depression, were then sought out by wartime employers, although actual statistics on employment rates for disabled adults during these years have yet to be extensively researched.

Legal entitlements were expanded as well. The Vocational Rehabilitation Act which had become law in 1920, for the first time, received strong support from both government and industry. The role played by the Federal government was further strengthened with the passage of the Barden-LaFollette Act (PL 113) in 1943, which broadened the civilian Vocational Rehabilitation Act and established the Office of Vocational Rehabilitation. No longer designed simply to provide job training, the expanded program provided medical, surgical and mental health services, and physical rehabilitation. These additional services helped to increase the numbers of disabled individuals who could more fully participate in both the work force and in broader society. The reorganization within the Federal government also created the Federal Security Agency which united, under one roof, the major government programs in health, education, social security and welfare. Rehabilitation was an important aspect of this new agency and the Office of Vocational Rehabilitation was established in 1943 within the Federal Security Agency. Its first Director was Michael J. Shortley.

In addition to "manpower" issues for disabled adults, it was also now important for state and federal governments to pay closer attention to what essential services were required and how many people needed to be served. The initial surveys undertaken to answer these questions led to a realization that the civilian U.S. disabled population was much larger and much less well served than had been assumed.

Rehabilitation and the American Armed Forces

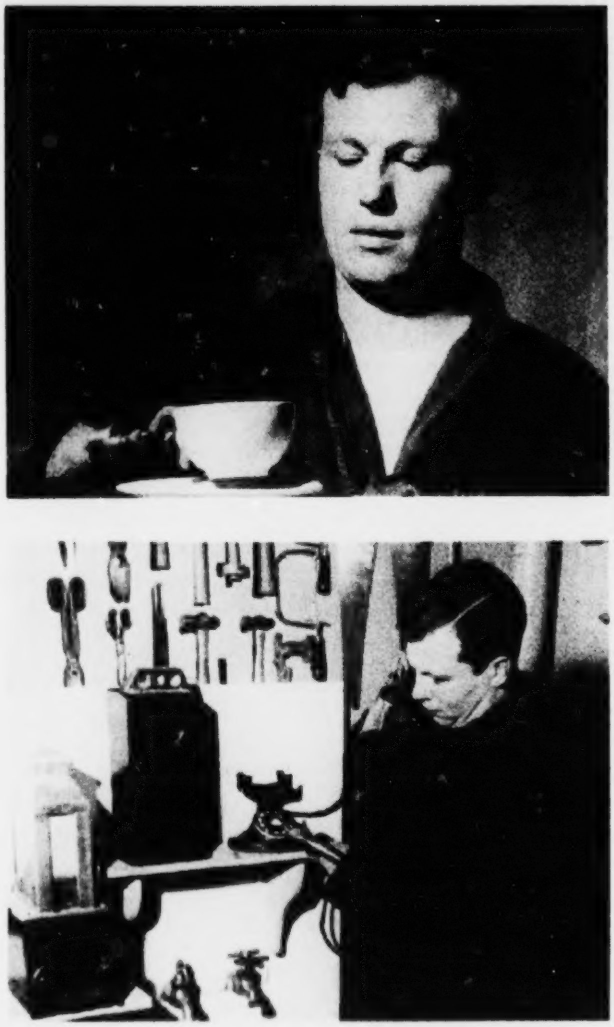
The public enthusiasm for assistance to disabled servicemen presented the second great impetus to disability issues. As the size and complexity of the needs of newly disabled servicemen became clearer during the course of the War, the United States military scrambled to provide services. These innovative programs and talented individuals initially attached to the military would have a tremendous impact both nationally and internationally for years to come.

At the outset of the War, the programs that the United States military had for permanently disabled servicemen were not significantly better than those available at the close of World War I. Nor were these services significantly different from those for the civilian population.

At the outset of the War, the programs that the United States military had for permanently disabled servicemen were not significantly better than those available at the close of World War I.

Rehabilitation Medicine was simply not yet a recognized component of organized medicine and the medical establishment within the military reflected this. Walter Reed Hospital, nerve center of all medical programs within the vast United States Army system, had only two physical therapists at the outset of the war, and they worked with post-operative patients but had no training in rehabilitation. Permanently disabled servicemen remained in the hospital until medicine could do no more for them, then were discharged to civilian life. Any assistance needed by these men after discharge was supposed to be provided by the Veterans Administration. Unfortunately, the Veterans Administration had no programs. Sending disabled servicemen home in the early years of World War II was, according to Howard Rusk "like sending them into limbo" (1972:58). "It was survival of the fittest," wrote Howard Russell, "beer and tears for the rest" (1981:11).

As World War II progressed, the lack of services became more critical as improved evacuation methods and new antibiotics to control infections meant that more men survived initial injuries. The numbers who survived with very serious injuries and significant permanent disabilities also rose markedly.



Two stills from the Army training film, "Diary of a Sergeant" (1940) which brought disabled serviceman Harold Russell to the attention of a Hollywood director.

Military Personnel and Rehabilitation

Rehabilitation was an idea whose time had come and several individuals in the military played a prominent role. Two physicians who

Rehabilitation was an idea whose time had come and several individuals in the military played a prominent role.

The War was a significant stimulus in the development of vastly improved medicines and medical technologies that would help to place the United States in the forefront of international rehabilitation work after the close of the War.

played key parts during the War were Henry Kessler and Howard Rusk. The disabled advocate Hank Viscardi also made a significant contribution. A number of other future leaders gained expertise during these years that would be significant in their subsequent work.

Henry Kessler

At the start of the War, one of the few American professionals with significant rehabilitation experience was Henry Kessler. Kessler had already worked in the rehabilitation field for two decades and was internationally reputed for his innovative surgical techniques and activity in workman's compensation programs. As a regular participant in international conferences, he was also one of the few American physicians familiar with state-of-the-art ideas in medical rehabilitation from around the globe.

This initially made very little difference to the Navy. Kessler, a member of the Naval Reserves at the start of the War, was called up as a Lieutenant Commander and quickly found himself stationed in the South Pacific performing front line surgery. In 1943, however, Kessler was transferred back to the United States to head a new amputation center, the Mare Island Naval Hospital, in California.

Kessler came to Mare Island with the understanding that he was to transform the hospital into a leading military rehabilitation facility. He soon found he had his work cut out for him. "The Navy," he later wrote, "treated the wound not the man." Very little was being done for permanently disabled servicemen once their injuries had healed. As soon as Kessler arrived, he insisted that a comprehensive program was needed and enthusiastically set out to establish one.

Kessler's enthusiasm was not shared by his superiors, who lacked both the vision and the funding to enlarge the scope of the Mare Island facility. Fortunately, Kessler's skill was enhanced by both vision and humor. Taking matters into his own hands, (he would in later years claim to have a very serious lack of patience for red tape), he approached a faltering local race track with a proposition if they would hold a fund raiser for the Hospital, he would be pleased to split the profits. The resulting three day "Mare Island Sweepstakes" combined entertainment with patriotism and the crowds poured in. The event netted Kessler's hospital over $75,000, enough to build a modern artificial limb shop, a facility that was to train many limb makers and encourage patients to become informed consumers. Kessler's work brought Mare Island a considerable amount of attention and hundreds of medical professionals as well as recently disabled servicemen, were exposed to rehabilitation for the first time.

Dr. Rusk passes on his skills.

Howard Rusk

Equally as successful and in some ways, better known to the broader medical community, was the work of Howard Rusk. An internist from St. Louis, Rusk enlisted in the Army Air Force and was put in charge of Medical Services at the Jefferson Barracks in Missouri. Rusk had no training in either disability or rehabilitation, but he soon realized that his patients made better progress if they were challenged physically and intellectually. He began by designing simple programs to keep patients busy and to get them back on their feet quickly. He enlarged his programs and increasingly focused his attention on patients who had become permanently disabled.

Rusk quickly acquired an expertise in the area, and gradually formulated a new concept: rehabilitation as a specialty within general internal medicine. Previous to Rusk, physicians dealing with physical disability were almost exclusively surgeons. By the very nature of their specialty, physical rehabilitation for these surgeons was usually something that took place after they had done as much as they could in the operating room. Rusk, an internist, made a seminal contribution to rehabilitation when he emphasized "rehabilitation of the individual" as the central issue rather than as a handmaiden to surgery.

Rusk's insight was wedded to strong organizational skills and the ability to inspire those around him. He quickly moved up the ladder within the military, and was soon in charge of initiating rehabilitation programs in all Air Force hospitals. His concepts were continually expanding to encompass physical, psychological and vocational services for the newly disabled service man.

The Air Force already had specialty hospitals for those with long term illnesses and in 1943 Rusk was allowed to open a special convalescent center in Pawling, New York dedicated to rehabilitation. Rusk's program at Pawling was so successful that soon hundreds of medical personnel were receiving their first exposure to rehabilitation as part of his program. Rusk was fortunate to have the assistance of Dr. George Deaver, from the Institute for Crippled and Disabled in New York City. A pioneer in the field, Deaver was one of the first to prove that paraplegic individuals could walk if properly braced. Deaver himself took charge of much of the training organized under the auspices of Rusk and the Center and soon as many as 200 Air Force physicians, physical educators and therapists, were being brought in groups to be introduced to ideas and techniques in rehabilitation. The program run by Rusk and Deaver was so successful that it quickly ran out of space and had to be transferred to Mitchel Field on Long Island.

Within three years, Rusk was able to introduce rehabilitation programs into 12 Air Force medical centers. His new approach was strongly supported by influential individuals and shortly after the end of the War, Rusk's proposal for rehabilitation throughout the military found its way to President Truman's desk. Truman quickly made it standard policy throughout all branches of the United States armed forces. So effective was Rusk at convincing and inspiring others that fellow Missourian Truman himself became an advocate of rehabilitation.

Improved Technologies

The War was a significant stimulus in the development of vastly improved medicines and medical technologies that would help to place the United States in the forefront of international rehabilitation work after the close of the War.

The development of antibiotics and other drugs which permitted longer and healthier lives for disabled individuals revolutionized life for many. Equally as important were advances in prosthetics and orthotics that began during the war and progressed rapidly in the next decades. At the outset of the War, U.S. prosthetics and orthotic technologies were little different from the long static situation found in most other industrialized countries. By 1945 the United States had pioneered the use of new, light-weight materials, such as plastics to replace the heavier and more cumbersome steel and wood that had been used for decades.

The impetus for American involvement in this field seems to be ultimately traceable to a key meeting at the Walter Reed Army Medical Center. It was in fact, a confrontation involving both Henry Viscardi and Howard Rusk. Henry Viscardi, who would play a major role in the rehabilitation community after the War, spent the War years as an American Red Cross volunteer at Walter Reed Hospital. Viscardi had joined the Red Cross to teach amputees to walk. An early disabled advocate, Viscardi uses two artificial legs and had little patience with the second class citizen approach to services for disabled soldiers.

Viscardi forced the government's hand and directly affected government subsidies to technological research the day he walked into Howard Rusk's office at the Pentagon with what Rusk later recalled as "the three angriest young men I had ever seen." All three were Air

Henry Viscardi, who in 1949 founded Just One Break (JOB), one of the world's first placement agencies specializing in disabled workers.

Force pilots who had lost legs and had been given shoddy wooden ones as temporary substitutes. This was standard military procedure at the time. No effective program existed anywhere in the military to provide recent amputees with adequate equipment until after discharge and even then, obtaining such aids proved to be difficult.

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Viscardi felt that such an approach toward providing prosthetics was simply unacceptable. Rusk, who agreed wholeheartedly, immediately took Viscardi and the pilots to the office of his immediate superior, who, equally outraged, took them at once to see the commanding officer, General Arnold. Arnold prided himself on making sure he got the best services available for his men. The General listened to the story Viscardi and the pilots presented and, in turn, became so irate that Rusk, a well trained physician, recalled, "I thought he was about to have a stroke." Arnold, "reached over and pushed down every button on his squawk-box.

Rusk recalled that pandemonium ensued:

> *"... in ran Robert Lovett, the Assistant Secretary of War for the Air along with a flood of three- and four-star generals. By this time, General Arnold was on his feet, pacing back and forth behind his desk. "This is the goddamnedest outrage I ever saw!" he cried. "By God they're going to have the best legs.' With that he grabbed his telephone, called the Army Surgeon General and began dressing him up one side and down the other." (Rusk:1972: 60-61).*

Arnold, by this time on a real tear, announced that he not only wanted "his boys" to have the best legs available, but he wanted research to develop some better legs, and if the program was not in place in 30 days, he was "going directly to the President." Within several weeks, the Army had instituted an ongoing research project on prosthetics, and Congress had adequately funded the prosthetics research program from which many improved and innovative protheses were developed over the next decades.

The close of World War II marks the beginning of a new era for rehabilitation in the United States and a blossoming of its involvement in rehabilitation on an international level.

The Late 1940s and the 1950s: renewed interest

The close of World War II marks the beginning of a new era for rehabilitation in the United States and a blossoming of its involvement in rehabilitation on an international level.

Rehabilitation efforts in the Untied States were faced with the challenge of starting over. Although cohesion within the deaf and the blind communities had survived the intervening years, rehabilitation efforts for physically disabled individuals were substantially weakened and almost all international links had withered. Programming in special education had all but disappeared, and advocacy groups for those with mental retardation and mental illness were virtually non-existent. In addition, there continued to be few alliances between various disability-specific groups and organizations which further divided the already small field.

The issue was not simply organizational. With the exception of a few individuals such as Greve and Kessler, most early American leaders active in the international arena in the 1920s and 1930s (never a large group to begin with) had retired or died. With only the vestiges of international societies and no organized academic programs in national or international rehabilitation to consolidate and pass on information, the result was a deep chasm in "institutional memory" throughout the international disability/rehabilitation field.

National Studies Reveal Great Need

This lack of programs and people was offset by a renewed interest in rehabilitation and in disability advocacy. The late 1940s was a significant watershed, both in terms of national and international disability work. Again, the two are intertwined, and their reorganization and revival was initiated gradually. First came activity on the national level and it is important to discuss this in somewhat greater depth here, for it has bearing on how many United States governmental and non-governmental programs would be organized.

At the close of the War government and civilian agencies began to commission studies to determine how to best serve returning disabled veterans. Although it was soon apparent that the veterans were fairly well served by existing programs, these committees were shocked to learn that the needs within the disabled civilian population was not only many times greater, but also largely unmet. Perhaps the most influential of these Post-War studies was the report issued in 1945 by the Baruch Committee on Physical Medicine. Financier Bernard Baruch had created the Committee in 1943 to help anticipate the rehabilitation needs of returning veterans and the unmet needs of civilians. (The influential committee was funded in honor of Baruch's father, Civil War surgeon and early rehabilitation advocate, Dr. Simon Baruch). The report estimated that 23 million Americans were in some way disabled. Few in the public or private sectors had anticipated such high numbers.

*Group at the First International Poliomyelitis Conference, New York City, July 1948. Left to right: Mr. Basil O'Connor, Drs. Hart Van Riper, T.M. Rivers, and John R. Paul. (Source: **History of Poliomyelitis**, p.321)*

Furthermore, the population of disabled Americans was growing due to advances in medicine, surgery and antibiotics enabling many to survive longer.

Furthermore, the population of disabled Americans was growing due to advances in medicine, surgery and antibiotics enabling many to survive longer. This can be seen in a comparison of survival rates of World War I and World War II paraplegic causalities. Only 10% of those injured during the First World War survived the first year, almost all dying of infection; whereas 80% of World War II paraplegic veterans were alive and active a decade later. Survival rates for spinal cord injured individuals were equally dramatic in the civilian population.

In addition, the post-war baby boom enlarged the actual number of infants born with impairments, and the polio epidemics of the late 1940s and early to mid-1950s further added to this population. Moreover, the lack of services throughout the Depression and War years resulted in a backlog of individuals who had need of rehabilitation services.

There was also a concurrent demographic change in many parts of the United States that was to have a direct impact on disability-related programs. The United States was now a nation on the move. Up until the War, much of America's population lived nearby family members in rural areas or small towns. The extended family could help to care for a disabled member, and some employment could often be established for the disabled adult on the small family farm or shop. Increasingly, in the years following the Second World War, families moved far away from their traditional support networks, and growing numbers of people once at home and able to assist disabled family members, spent the work day in offices, stores and factories, where management was often far less willing to hire disabled workers. New support systems were needed and people looked to the government to help provide these.

At the same time, both the medical establishment and the general public became much more aware of 'rehabilitation' as a process. This interest in rehabilitation was sparked, in part by professionals, administrators and disabled servicemen who had seen the benefits of what came

Newly disabled returning veterans, and the advocacy organizations they formed at the close of the war, were particularly effective in detailing the needs and aspirations of significant members of disabled Americans.

to be known as Rehabilitation Medicine demonstrated in the military. Newly disabled returning veterans, and the advocacy organizations they formed at the close of the war, were particularly effective in detailing the needs and aspirations of significant members of disabled Americans.

Employment as a Key Issue

A universal issue among all disabled groups at the close of the War was an enormously high unemployment rate and a poverty level existence. With little provision for meaningful employment and few assistance programs available to help supplement incomes, the majority of disabled Americans lived hand to mouth. For economic assistance to be granted, a disabled individual had to be in dire need, having first depleted resources and often the resources of their families as well. Aid was often an issue of charity, provided on a case-by-case basis. (Social Security would not offer programs of supplemental assistance to disabled individuals for many years to come). In addition, large numbers of newly disabled veterans who wished to return to the work force, became increasingly vocal about their difficulties in finding jobs. Vocational rehabilitation remained a fairly small profession and many who may have benefitted from such guidance did not receive counseling.

Because of these factors, by the late 1940s, employment became the prominent issue for disabled individuals and groups. Attention to employment issues was not new. A long term campaign for the designation of a week featuring handicapped employment had been carried on before Congress for years by Paul Strachan, President of The American Federation of the Physically Handicapped. Strachan, almost single-handedly shepherded a campaign through many sessions of Congress, urging the establishment of what he called "National Employ the Physically Handicapped Week." Support for such a program was limited. Even veteran's groups were so preoccupied with other issues in the final days of World War II that they did not come to the aid of the bill.

A younger Bill McCahill receives a 1967 leadership award from Leon Chatelain, then President of the National Easter Seal Society.

Despite this, Strachen, who was himself disabled, was not deterred. Not one to mince words, he argued effectively that it was in America's best interest to institute a more coherent effort to find employment for disabled adults. Taking up an argument as relevant today as 40 years ago, Strachan summed up the concerns of several generations when he stated:

> *"Sometimes it takes the American people quite a while to get an idea. I do not believe they have really sensed yet that the disabled are not a charity proposition. Helping us isn't wholly based on humanitarian concepts. It is primarily a great economic problem. I hope that every member of this committee will take to heart this fact: either you treat, train and educate the handicapped and place them in suitable employment, or you keep them in a submarginal existence of misery and want. And pay for it anyhow out of your tax money, in public assistance." (Russell: 1981:159)*

The President's Committee for the Employment of the Physically Handicapped

In 1945, Strachen's "Week" was passed by Congress, which helped pave the way for President Truman to begin to organize The President's Committee on the Employment of the Physically Handicapped during the last days of the War. Admiral Ross M. McIntyre, Roosevelt's personal physician, was appointed the first Chair and Truman began asking leading medical experts, administrators and disability advocates to serve in the voluntary effort.

William McCahill, returning from war time service in public relations with the Marines, **was** given responsibility by Truman for shaping the committee into a workable enterprise. McCahill remained Executive Secretary of the President's Committee from its inception until his retirement in 1973, 27 years later. Under his direction, the Committee grew from a staff of one to 39. At the same time, the initial participation by several dozen experts increased to an appointed membership of hundreds and the Committee began to hold annual conferences. Work was begun in each state in affiliation with Governor's Committees, extending the participatory process down to grassroots levels.

Appointments by Truman to the Committee were a fairly balanced number of prominent disabled individuals and health professionals. Truman was convinced that this Committee would answer an unmet need and would be an immediate success. As William McCahill recalled in his interview for this project, Truman was so interested in the Committee that he took time to address its first meeting held at the 600 seat Labor Department Auditorium in Washington in 1947. A distinguished group of 73 national leaders had assembled for this meeting, but the auditorium appeared empty. McCahill, in charge of the meeting, called Morris Coburn, the Secretary of Labor minutes before the President's entourage pulled up and threw himself on his mercy. Coburn ordered all available employees in the building to rush to the auditorium and shortly thereafter, Truman mounted the stage and looked approvingly out over the packed house. "I knew this program was going to be a success," Truman enthusiastically remarked, "and all I have to do is look at this wonderful audience to tell me how successful it really is."

The Committee, although not formally part of the Federal government, was an early national voice speaking out on behalf of employment for disabled individuals. The Committee's work yielded some significant results. There was an increase in the numbers of disabled individuals hired, and a growing awareness of disability-related issues by the general public although by today's standards the numbers who actually found work and the ideas disseminated to the public seem rather limited. Indeed, only physical disability was included in the first years; mental retardation and mental illness were not covered by the program until the 1960s.

The President's Committee also generated two important byproducts that were to have significant international repercussions: The first was that the Committee's concerns broadened dramatically over time as the concept of employment extended into life in the community. Providing someone with a job meant little if the person was unable to travel to the work site, enter the building, obtain technical aids or pursue career advancement. "Employment" therefore led to questions of transportation, accessibility and workmen's compensation, and by further extension, issues of concern to disabled consumers, such as legal protection, independent living, social equality and ultimately, civil rights.

Second, the President's Committee provided a unique central meeting ground, with experts and advocates on physical disability convening annually. It was the first regular opportunity for advocates and professionals from various disciplines to meet. Since the 1920s there were numerous local, regional and national disability groups but relatively little communication among them. The President's Committee was, for many years, one of the few national forums where governmental and voluntary organizations could meet to compare notes, set agendas, discuss ideas and disseminate information.

Second, the President's Committee provided a unique central meeting ground, with experts and advocates on physical disability convening annually.

The annual meetings also attracted a steady stream of foreign participants. Their numbers were never large; a dozen or so might attend any given meeting. William McCahill would regularly extend invitations to visiting foreign experts or advocates who might be in the Washington, DC area in the spring, and introduce them to colleagues during the course of the meeting. In this manner, over the years, a number of foreign experts were introduced to ideas and programs within the United States, and a number of Americans made initial liaisons with foreign colleagues that would grow over time.

Significant U.S. Rehabilitation Centers in the Post-War Era

In the late 1940s and early 1950s, the significant focal points for the revitalization of international rehabilitation efforts were the development of major centers founded as models of rehabilitative care, and professional and vocational training. The long-established Institute for Crippled and Disabled in New York, was joined in

The significant focal points for the revitalization of international rehabilitation efforts were the development of major centers founded as models of rehabilitative care.

the post-War period by the increasingly active Cleveland Clinic, under the Directorship of Bell Greve, which would later change its name to the Cleveland Rehabilitation Center. Also active in North America, was the Canadian Rehabilitation Center in Toronto under the Directorship of Dr. Harold D. Storms, which was in regular contact with its American counterparts.

Sister Elizabeth Kenny of Australia, the "bush nurse" who dared to lecture eminent doctors on post-polio treatment.

An overseas influence came through the Sister Kenny Institute founded in Minneapolis in 1942, concentrated initially on the care of children and adults with polio. Elizabeth Kenny, ("Sister" was the title she gained working as a head nurse in the British medical system during the First World War), was an Australian nurse who came to the United States to gain recognition for her innovative physical therapy techniques. Kenny had failed to win wide support for her work in Australia, for her ideas were often controversial and she herself, at times, contentious. However, many of Kenny's ideas were well received in America, both because of a renewed emphasis in the post-War era on carefully researching new techniques to verify results, and because much of what Kenny proposed fit in well with the newly emerging field of physical and rehabilitative medicine being established by Rusk, Kessler and others. (The wide acceptance of Kenny's ideas in the U.S. provided both the scientific and financial support that enabled her and her colleagues to subsequently introduce Kenny ideas to a number of other developed and developing countries as well.)

None of these programs however, seems to have initially had a coherent training program in rehabilitation for administrative and medical professionals.

The first two American-based rehabilitation programs to provide fellowship training which would develop on-going international significance were the Institute of Physical Medicine and Rehabilitation in New York, and the Kessler Institute in West Orange, New Jersey.

The Institute of Physical Medicine and Rehabilitation

At the close of the War, Howard Rusk had become so committed to the idea and the potential of rehabilitation that the prospect of returning to a private internal medicine practice in Missouri held little interest for him. Unfortunately, no hospital or medical school in the country had a program or department in which he could work exclusively on physical rehabilitation issues.

Undeterred, Rusk decided to create his own center, with the idea that such a center could develop into a leading and innovative model. In 1945, Rusk, (with the assistance of several supporters who were well connected at New York University), was able to convince the University administration that a rehabilitation program had promise, and he was invited to set up a Department of Physical and Rehabilitative Medicine. Rusk obtained a small grant from the Baruch Committee and in March 1949 opened the Institute of Physical Medicine and Rehabilitation, renamed the Rusk Institute in 1989. At first it

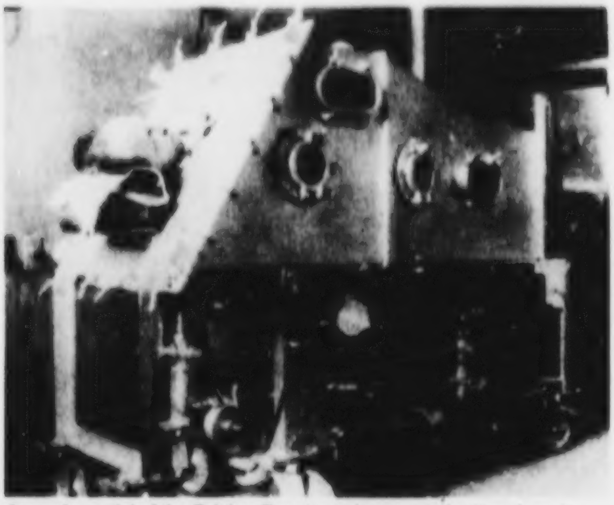
The 34-bed facility was filled to capacity from the day it opened by the United Mine Workers which sent men for treatment, with local referrals providing the rest.

Rusk himself became the leading spokesman for the newly forming field of Rehabilitation Medicine, and his Institute was the first to offer organized training in rehabilitation for medical personnel.

was housed in temporary quarters, a small revamped bath house, on Thirty-Eighth Street in New York City. The 34-bed facility was filled to capacity from the day it opened by the United Mine Workers which sent men for treatment, with local referrals providing the rest. By 1950, work had begun on a much larger permanent two million dollar facility on Thirty-Fourth Street and First Avenue in New York. The new facility opened in early 1951 and it continues to provide services for people with disabilities.

Affiliated with the New York University-Bellevue Medical Center, the Institute quickly attracted attention worldwide, as Rusk and his staff developed new and creative approaches to rehabilitation. Rusk himself became the leading spokesman for the newly forming field of Rehabilitation Medicine, and his Institute was the first to offer organized training in rehabilitation for medical personnel. Others, such as the Cleveland Clinic, the Toronto Clinic and the Sister Kenny Institute, welcomed observers, but at first only Rusk had an actual training and fellowship program.

Rusk was also growing increasingly influential on the national level. He was a driving force in the formation of a Veterans Administration rehabilitation program and was appointed by President Truman as Chair of the National Health Resources Planning Board, partly to further the cause of civilian rehabilitation in the United States. He had the ear of many prominent Americans and was tireless in his efforts to advocate on behalf of rehabilitation.



*An early model of the Drinker Respirator known as the "iron lung." (Source: **History of Poliomyelitis**, p. 327)*

Rusk furthered his own ideas through public speaking and writing, gaining considerable influence and attention through a weekly medical column in *The New York Times*, regularly featuring rehabilitation-related stories. Actually, Rusk's *New York Times* column and many of his other publications and speeches were written by his key staff associate, Eugene (Jack) Taylor. Taylor, a speech pathologist from Kansas, had met Rusk while in the Air Force, and became part of many of the activities in the Institute. By all reports, Taylor rapidly developed an encyclopedic knowledge of the substance and personnel in the field, and played a critical role in translating Rusk's ideas into action.

Rusk was also fortunate to have two other outstanding experts on his staff. One was James Garrett, who received his doctorate in clinical psychology from the Columbia University and was one of the first to study and write on the psychological and behavioral aspects of living with a disability. Garrett, disabled by polio in his early childhood, had already directed a vocational rehabilitation program for the Institute for Crippled and Disabled. In the late 1940s, Garrett had been responsible for establishing and overseeing the Veterans Administration's first guidance center. Already known to Rusk, Garrett was invited to join the staff soon after the Institute opened its doors. Until he left for Washington several years later, Garrett administered and developed the psycho-social component of the rehabilitation activities at the Institute.

Dr. George Deaver played a significant role in the medical management of the Institute. Deaver came to New York University from the Institute for Crippled and Disabled, and had, as noted earlier, worked closely with Rusk during the War. Deaver was already well known in the field and had developed the concept that the first responsibility of rehabilitation should be to train individuals in the daily living skills required for self-sufficiency. He and his therapists had developed a check list of activities for daily living, an idea he and Rusk later expanded by adding a vocational component.

Rusk actively sought physicians interested in training for careers in what he came to call rehabilitative medicine, a field which combined medicine, surgery, physical therapy and psychology to provide a holistic perspective on the medi-

> *So effective was Rusk, that by 1956, three-quarters of all the medical schools in the country had started coordinated teaching programs in rehabilitation.*

cal, psychological and social needs of the disabled patient. In 1947, thanks in large measure to lobbying efforts by Rusk, rehabilitation medicine became a specialty approved by the American Medical Association as the American Board of Physical Medicine and Rehabilitation.

Rusk soon began to gain an international reputation. While most of his first fellows were from the United States, increasingly others came from overseas. Soon regular flow of medical fellows began to be referred for training to the Institute from the United Nations, and agencies within the United States government. In addition, Rusk's writing in *The New York Times* gained for him additional students who would come across his articles or see reprints of his columns in their own national papers.

So effective was Rusk, that by 1956, three-quarters of all the medical schools in the country had started coordinated teaching programs in rehabilitation. In his autobiography, *A World To Care For* (1972), Rusk took particular pride in relating that "we have trained more than 1000 doctors from 85 countries, 95% of whom returned home to practice." Theses fellows and students in direct contact with Rusk returned home to train thousands more. For example, Dr. Herman (Jake) Flax studied with Rusk in 1947 and completed a fellowship in 1951. In 1950, Flax and his colleagues organized the first Institute on Physical Medicine and Rehabilitation held in Puerto Rico. A large collection of leading figures in the field, Howard Rusk, Henry Kessler, Bell Greve, Harold Storms, and representatives from the Departments of Health, the Department of Education, the Department of Labor and the Veteran's Administration participated. The audience was largely Puerto Rican and the event can be considered the first effective regional rehabilitation meetings in the Caribbean. By 1957, Flax had organized a residency program, and his Puerto Rican-based training program began to attract physicians from throughout Latin America and the Caribbean.

In addition to direct contact, and contact through students, Rusk and Jack Taylor kept in contact with thousands of additional colleagues who wrote or called to ask questions or request guidance. The Rusk staff replied to countless queries and Rusk himself proved to be a generous and thoughtful colleague to many fellow professionals. A dedicated physician, his interests were broad, he had a strong sense of purpose, a good sense of humor and, as one colleague recalled "he could charm a bird out of a tree." He was as hospitable to patients, students and volunteer staff as he was to leaders of industry and prominent politicians. His influence would continue to grow in the years that followed.

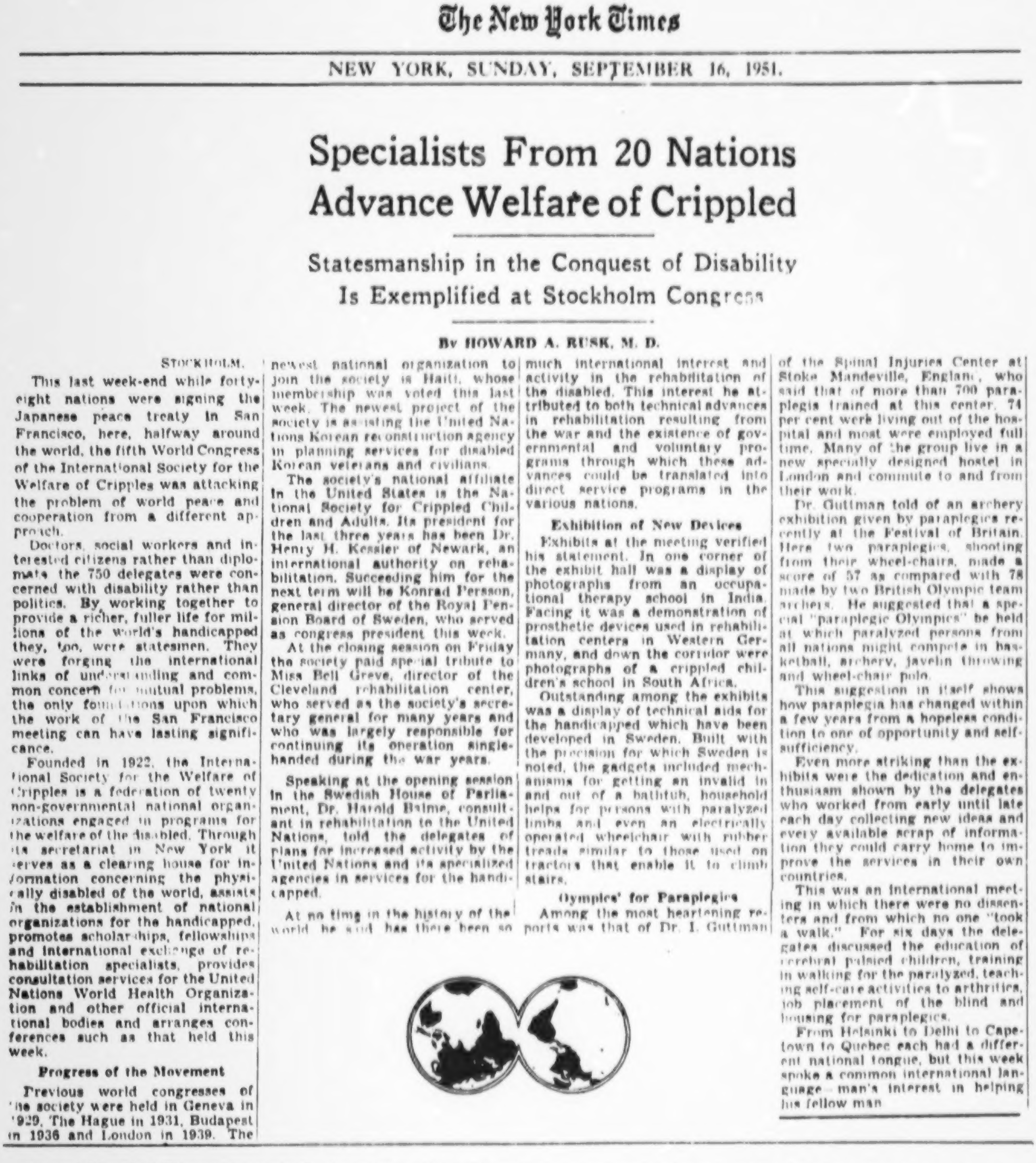
The Kessler Institute for Rehabilitation

Henry Kessler, who had run the Mare Island Hospital during the War, found himself in a position similar to Howard Rusk's at the close of hostilities. Although he initially tried to return to private practice in New Jersey, the facilities where Kessler had worked had no real awareness of rehabilitation. Kessler found much of his time and energy spent trying to eke out small levels of cooperation from institutions, professional colleagues and insurance companies. He was further dismayed to find that the state rehabilitation program he had struggled to establish and promote since the early 1920s, had simply been dismantled while he was away in the Navy.

> *A non-profit rehabilitation facility, it was, in Kessler's words, removed from the "red tape and other problems which invariably are associated with government control of such establishments."*

Kessler's solution was to set off on his own and to do that, he established the Kessler Institute for Rehabilitation in West Orange, New Jersey. A non-profit rehabilitation facility, it was, in Kessler's words, removed from the "red tape and other problems which invariably are associated with government control of such establishments." It opened its doors in 1949 in a small building with five patients (all coal miners referred to Kessler through the United Mine Workers). The Institute quickly grew much larger, eventually serving thousands of patients annually, and training hundreds of rehabilitation professionals from over two dozen countries.

With Rusk's and Kessler's centers, the greater New York area became a focal point for much rehabilitation work both nationally and internationally. Although the institutions themsel-



The New York Times

NEW YORK, SUNDAY, SEPTEMBER 16, 1951.

Specialists From 20 Nations Advance Welfare of Crippled

Statesmanship in the Conquest of Disability Is Exemplified at Stockholm Congress

By HOWARD A. RUSK, M. D.

STOCKHOLM.

This last week-end while forty-eight nations were signing the Japanese peace treaty in San Francisco, here, halfway around the world, the fifth World Congress of the International Society for the Welfare of Cripples was attacking the problem of world peace and cooperation from a different approach.

Doctors, social workers and interested citizens rather than diplomats the 750 delegates were concerned with disability rather than politics. By working together to provide a richer, fuller life for millions of the world's handicapped they, too, were statesmen. They were forging the international links of understanding and common concern for mutual problems, the only foundations upon which the work of the San Francisco meeting can have lasting significance.

Founded in 1922, the International Society for the Welfare of Cripples is a federation of twenty non-governmental national organizations engaged in programs for the welfare of the disabled. Through its secretariat in New York it serves as a clearing house for information concerning the physically disabled of the world, assists in the establishment of national organizations for the handicapped, promotes scholarships, fellowships and international exchange of rehabilitation specialists, provides consultation services for the United Nations World Health Organization and other official international bodies and arranges conferences such as that held this week.

Progress of the Movement

Previous world congresses of the society were held in Geneva in 1929, The Hague in 1931, Budapest in 1936 and London in 1939. The newest national organization to join the society is Haiti, whose membership was voted this last week. The newest project of the society is assisting the United Nations Korean reconstruction agency in planning services for disabled Korean veterans and civilians.

The society's national affiliate in the United States is the National Society for Crippled Children and Adults. Its president for the last three years has been Dr. Henry H. Kessler of Newark, an international authority on rehabilitation. Succeeding him for the next term will be Konrad Persson, general director of the Royal Pension Board of Sweden, who served as congress president this week.

At the closing session on Friday the society paid special tribute to Miss Bell Greve, director of the Cleveland rehabilitation center, who served as the society's secretary general for many years and who was largely responsible for continuing its operation single-handed during the war years.

Speaking at the opening session in the Swedish House of Parliament, Dr. Harold Balme, consultant in rehabilitation to the United Nations, told the delegates of plans for increased activity by the United Nations and its specialized agencies in services for the handicapped.

At no time in the history of the world he said has there been so much international interest and activity in the rehabilitation of the disabled. This interest he attributed to both technical advances in rehabilitation resulting from the war and the existence of governmental and voluntary programs through which these advances could be translated into direct service programs in the various nations.

Exhibition of New Devices

Exhibits at the meeting verified his statement. In one corner of the exhibit hall was a display of photographs from an occupational therapy school in India. Facing it was a demonstration of prosthetic devices used in rehabilitation centers in Western Germany, and down the corridor were photographs of a crippled children's school in South Africa.

Outstanding among the exhibits was a display of technical aids for the handicapped which have been developed in Sweden. Built with the precision for which Sweden is noted, the gadgets included mechanisms for getting an invalid in and out of a bathtub, household helps for persons with paralyzed limbs and even an electrically operated wheelchair with rubber treads similar to those used on tractors that enable it to climb stairs.

Olympics' for Paraplegics

Among the most heartening reports was that of Dr. I. Guttman of the Spinal Injuries Center at Stoke Mandeville, England, who said that of more than 700 paraplegis trained at this center, 74 per cent were living out of the hospital and most were employed full time. Many of the group live in a new specially designed hostel in London and commute to and from their work.

Dr. Guttman told of an archery exhibition given by paraplegics recently at the Festival of Britain. Here two paraplegics, shooting from their wheel-chairs, made a score of 57 as compared with 78 made by two British Olympic team archers. He suggested that a special "paraplegic Olympics" be held at which paralyzed persons from all nations might compete in basketball, archery, javelin throwing and wheel-chair polo.

This suggestion in itself shows how paraplegia has changed within a few years from a hopeless condition to one of opportunity and self-sufficiency.

Even more striking than the exhibits were the dedication and enthusiasm shown by the delegates who worked from early until late each day collecting new ideas and every available scrap of information they could carry home to improve the services in their own countries.

This was an international meeting in which there were no dissenters and from which no one "took a walk." For six days the delegates discussed the education of cerebral palsied children, training in walking for the paralyzed, teaching self-care activities to arthritics, job placement of the blind and housing for paraplegics.

From Helsinki to Delhi to Capetown to Quebec each had a different national tongue, but this week spoke a common international language—man's interest in helping his fellow man.

A sample **New York Times** *article by Dr. Rusk, touching on Sweden's budding acumen in technical aids and the birth of the idea of a "paraplegic Olympics."*

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Both Kessler and Rusk were heavily involved with rehabilitation work nationally and internationally, and very frequently were involved in the same projects.

ves were distinct and did not usually "officially" collaborate, both Kessler and Rusk were heavily involved with rehabilitation work nationally and internationally, and very frequently were involved in the same projects. Both men, for example, served as President of the International Society for the Welfare of Cripples, and both men were regularly consulted by the U.S. Congress and by the new and growing body of United Nations organizations and programs. Kessler and Rusk apparently held a good deal of respect for one another, and their relationship was a very cordial one. Kessler was a generation older than Rusk, and Rusk, although perhaps better known to the general public always considered Kessler a pioneer in the field, and treated him as a respected senior colleague. Kessler, who was universally admired, was a good natured, fair and thoughtful colleague with very broad interests. He even took time out of his busy career to write books and articles on local history and biographies of early Dutch New Yorkers.

Henry Viscardi

In the years following World War II, not all rehabilitation efforts were medical. Henry Viscardi, who had been born with a significant impairment, had mastered the use of prosthetic legs and volunteered his time during the War years to train newly disabled servicemen at the Walter Reed Medical Center. Viscardi had returned to the New York area after his wartime work, to begin a highly successful career in business.

As a prominent business leader, Viscardi was invited to join 'Just One Break' (JOB), a committee of business leaders who met regularly to locate jobs for disabled individuals. Although the Committee did place some people, Viscardi was quick to see that many more jobs were needed than a single committee could provide, and more importantly, that many of the more severely disabled individuals were simply unable to find any work. He decided that if no one else would hire them, he would. The fact that, at the time, he had no company, barely slowed him down.

In the summer of 1952, Viscardi borrowed $8000, rented a vacant garage in West Hempstead, Long Island, and opened "Abilities, Inc.". He appointed himself President and went out to seek assembly line work from local factories. His initial work force of five expanded to 160 within two years and the organization has gone on to train thousands in the intervening decades. Abilities, Inc., eventually grew into the Human Resources and Training Institute, with education, research and training components. Soon articles by and about Henry Viscardi and his organization appeared in newspapers, magazines, and journals. *Reader's Digest*, with a readership in the millions, carried several stories on his work into dozens of different countries. Viscardi himself wrote eight well-received books on various aspects of his life and work, and lectured widely. A compelling writer and fine public speaker, Viscardi was able to present his arguments effectively, and a number of leading disability advocates in Europe, Asia and South America, as well as North America, trace their initial involvement with rehabilitation and disability rights to articles or books by Viscardi. Abilities, Inc., and the Human Resources and Training Institute flourished and have since provided the models for some 40 Abilities, Inc., in 37 different countries.

Henry Viscardi, who had been born with a significant impairment, had mastered the use of prosthetic legs and volunteered his time during the War years to train newly disabled servicemen

Eleanor Roosevelt

There was, in the post-War years, one more prominent American individual from the New York area whose work greatly influenced the rehabilitation field nationally and internationally. From the late 1940s until the time of her death in 1962, Eleanor Roosevelt's name regularly appears on Boards of Directors for rehabilitation related programs and organizations. She wrote introductions to several books on rehabilitation, but as there are few other written records to indicate her support, it could be assumed that she was simply a well-known figurehead, only tangentially connected with rehabilitation people and programs.

In fact, discussion with individuals for this study and a close review of the documents shows that Eleanor Roosevelt was very active in rehabilitation circles from the closing days of World War II onward. Although her work in this field began with disabled servicemen during World War II, her commitment to the issues

Eleanor Roosevelt, accustomed to a background role, was an avid supporter of disability advocates.
*(Photo source: **FDR's Splendid Deception**, p. 143)*

seems to have grown over the years and extended to broader disability concerns. She not only served as an honorary figure on many committees, but became a close personal friend to a number of leading disabled activists in the late 1940s and 1950s, always ready to listen to personal problems, and regularly attending their family events. (Henry Viscardi for example, notes that Eleanor Roosevelt attended the baptism of each of his four daughters). Most of this work was "behind the scenes", but until her death, when clout was needed for a disability project, she could be counted on to pick up the phone and make a personal call.

Eleanor Roosevelt was very active in rehabilitation circles from the closing days of World War II onward.

Mass Media: An Increasingly Educated Public

In the past-War years, growing public awareness about disability issues was brought about not only by the individual efforts of committed professionals and disabled activists and advocates. From the late 1940s on, the American mass media—movies, newspapers, magazines and radio—began to cover disability issues with growing frequency and candor. And in an era when United States mass media was gaining more influence than ever before worldwide, such attention carried changing perceptions of disability to all corners of the globe.

By far, the single most effective and far-reaching effort seems to have been the Hollywood version of the screenplay, *Glory for Me*. Retitled *Best Years of Our Lives*, it depicted the return to everyday civilian life of four veterans, one of whom, "Homer Parrish", had lost both hands in the war. Harold Russell, a returning Army sergeant who was a bilateral amputee, was chosen for the part. Russell, a veteran from Cambridge, Massachusetts was cast in the role after the film's director, William Wyler, spotted him in an Army training film entitled *Diary of a Sergeant*. Russell was not an actor. He had been a meat cutter in a local food market before the War, and he had returned home to begin classes at Boston University in business administration. The phone call from Samuel Goldwyn's Hollywood studio offering Russell the part had to be repeated, since Russell hung up the first time, sure that the call was a hoax.

The Best Years of Our Lives opened to rave reviews in 1946, swept the Oscar ceremonies in 1947, (including two Oscars won by Russell himself), and was ultimately seen by over 60 million people in 35 countries. (Television and more recently, video have introduced the film to at least as large again an audience). While the film was not intended to promote disability awareness per se, the dignity and self-assurance of Russell's characterization made a powerful impression on audiences. For most viewers, the only previous exposures to disabled people in films were one-sided portrayals of either benignly weak invalids, (who would usually die conveniently before the end of the film), or malevolent villains. In either case, the roles were consistently played by non-disabled actors. Russell himself then became an articulate spokesman for handicapped rights and veterans affairs, volunteering his time and energy to dozens of issues and causes. He was recruited by Truman to join the President's Committee for the Employment of the Physically Handicapped in

*Harold Russell with his two "Oscars" for the same role in **The Best Years of Our Lives**, which swept the Academy Awards in 1947.*

1947, becoming the Vice Chairman of the Committee in 1962 and the Chairman in 1964, a voluntary position he would hold for the next 25 years.

***The Best Years of Our Lives** opened to rave reviews in 1946, swept the Oscar ceremonies in 1947, (including two Oscars won by Russell himself), and was ultimately seen by over 60 million people in 35 countries.*

Other individuals who were disabled also began receive increasing media attention. Helen Keller received significant amounts of media exposure throughout her life, and books and films about her were popular around the world. Mass market maga-zines began to regularly feature disabled people. *Reader's Digest* for example, regularly carried "true life" stories about a child or adult facing, (and almost invariably 'overcoming') a disability. Although many of these stories were intended to be "inspirational," for the first time, disability conditions and related medical and social issues were presented in detail, and more stories were now focused on "average" people and families coping with these situations. Dr. Howard Rusk's regular *New York Times* column, should also be included in this category. It often dealt with issues of rehabilitation and was quoted widely. Still a long way from discussing disability issues in the relatively realistic ways of today, these mass media presentations were important, creating a worldwide image of the United States as a "land of opportunity" for disabled people.

U.S. Based International Rehabilitation Activity Revives

The period from 1945 to the early 1950s is also marked by a rebirth of American-based international rehabilitation efforts initiated by both government and nongovernmental organizations. The revival of international activity at this point is especially striking considering that at the close of the War, private voluntary organizations and federal programs had little to offer. The only U.S.-based rehabilitation organization with expressly international interests, the International Society for the Welfare of Cripples, was barely surviving. Cooperative exchanges between American-based individuals, institutions and schools overseas had been largely severed. The Federal government had no involvement with international pro-grams specifically addressing disability issues before the War with the exception of its largely symbolic membership in the International Labor Organization (ILO), a vestigial organization established under the Treaty of Versailles and the last functional part of the League of Nations.

Disability issues were not a high priority as War reconstruction efforts got underway. Yet within a decade, public and private rehabilitation efforts in the U.S. would place this country in the forefront of the rehabilitation field. Several major factors would play a significant role in revitalization. These involved people, organizational restructuring and a shift in the U.S. federal government's commitments to international work.

New American Leadership

A significant part of the credit for the rebirth of United States participation in the international rehabilitation scene must go to the innovative ideas and administrative skills of a new generation of leaders. Interestingly, few had experience with disability issues before the War. Their strengths lay in the administrative skills and overseas experience they had developed as part of war efforts. People such as Donald Wilson, Norman Acton, Joseph LaRocca and William McCahill, whose specific roles are discussed elsewhere, were all involved in the War effort.

The tide of war-related immigration brought several other future leaders to this country. For example, Gunnar Dybwad had arrived in the United States in 1934 to marry his American-born wife, Rosemary, as his native country of Germany fell under increasing control of the Nazi party; and Ignacy Goldberg who fought in the ex-patriot Polish Army in North Africa, came in the late 1940s, and would contribute substantially to U.S. special education. Unlike those who had worked on international issues before the War, the core of the disability leadership in the United States in the 1950s and 60s had first-hand experience with international developments and were accustomed to reaching beyond the United States' borders to find solutions and to extend assistance.

For the first time, some programs that related to rehabilitation and/or disability were incorporated into foreign policy and development initiatives,

The Late 1940s: Renewed Government Efforts

In the late 1940s the United States was emerging as a world benefactor through programs such as the Marshall Plan. Without setting out to do so, the United States government became involved in a number of programs that touched upon rehabilitation issues, many a byproduct of aid programs aimed at the restoration of war-torn Europe. Academic exchanges, such as the Fulbright Scholarship Program soon began to bring experts, including those interested in disability, from around the world to study and observe in America. New university and institutional-based training programs around the country, many funded by federal dollars, began to get a trickle of overseas participants.

During much of the late 1940s and early 1950s, the bulk of American overseas support in rehabilitation went to Europe, primarily through medical and maternal/child relief efforts. Decimated by the War, many European nations were perceived to be more "Developing" than "Developed" during those years and the need for programs expressly targeted for disabled groups quickly became apparent. For example, the Polish city of Warsaw had more children and adults who were amputees as a direct or indirect result of the War than the United States Army, Navy and Air Force combined—and most of Warsaw's medical infrastructure had been destroyed.

The post-War efforts in Europe permitted a redefinition of rehabilitation programs. For the first time, some programs that related to rehabilitation and/or disability were incorporated into foreign policy and development initiatives, rather than being automatically assigned to educational or social exchanges. This era laid groundwork which would permit other Federal agencies in the ensuing two decades to promote international rehabilitation ventures as a component of general foreign policy.

In 1949, the International Society for the Welfare of Cripples moved to New York, with its first full-time staff.

Rebirth of Non-governmental Organizations: The International Society for the Welfare of Cripples

Although the International Society for the Welfare of Cripples was still technically active at the close of the war, the organization had not had a formal meeting since 1939. President Juan Farill from Mexico had had little time to devote to the organization and the War had hampered his ability to travel widely on its behalf.

Bell Greve, as Secretary-General, had kept the organization alive by mail, and as soon as hostilities ended, began to re-establish energetic contacts with leaders of rehabilitation movements in a number of countries. By late 1945, she had revived enough interest to put through a mail vote to the membership for a re-organization of the Society. Funds for travel were still difficult to come by, but to breathe some life into the organization, a Pan-American conference was held in Mexico in 1948. Nineteen representatives from Latin American countries attended and strong support was voiced for a renewal of the Society (Kessler:1968:153). This meeting was followed by another small meeting held in Hawaii in 1949, this time to introduce rehabilitation concepts and techniques to United States Army and Navy medical personal.

Following the Hawaii meeting, Bell Greve and the newly-elected president, Henry Kessler, met to consider the future of the organization. They both had come to the realization that the International Society could not continue to function on an entirely voluntary basis. A paid administrative staff was needed to coordinate efforts, meetings and programs. Money, or rather the lack of it, was the issue. Although Society account books from that time have yet to be located, apparently, by 1949, the Society had less than $2000 in its entire budget.

Then, out of the blue, help arrived. A woman somewhere in the mid-West had, years before, heard Bell Greve present a lecture on disabled children overseas. This woman had been so impressed that she left an inheritance of $16,000 for Greve to use as she saw fit. Its arrival could not have been more timely. The inheritance was designated as seed money for a staff and New York City was chosen as its base of operations, in large measure because it had recently been designated the home of the new United Nations.

In 1949, the International Society for the Welfare of Cripples moved to New York, with its first full-time staff. Bell Greve selected Donald Wilson as the new Executive Director. Trained as a lawyer and a social service administrator, Wilson had first worked with Greve as a young staff member at her Association for the Crippled and Disabled in Cleveland, as a social and rehabilitation worker in Ohio, Illinois and Louisiana. He served in Japan as a member of the United States Occupational government after the close of the War and had returned to Ohio in 1948 to become Dean of the School of Applied Social Sciences at what is now Case Western University.

To keep costs down, Greve, who was also on the Board of Directors of the Near East Foundation, made arrangements with that organization for the loan of a small office in its building on 64th Street in New York City. The Society's new office was located in the former servants' quarters of an old brownstone townhouse that had seen bet-

Henry Kessler, Bell Greve and Helen Keller at an awards dinner in the 1950s.

ter days. As Wilson recalls, "the filing cabinet arrived, a telephone was installed and we were in business." Norman Acton joined the staff in 1951, at first as director of a small program run through the International Society in collaboration with the International Refugee Organization, to assist in the resettlement of war refugees who were disabled. Acton, in addition to his other responsibilities spent an increasing amount of his time working for Society projects, and by year's end, was officially named Assistant Secretary General. The Society consisted of Wilson, Acton and a secretary. As Acton recalls, "we sat up there in solitary splendor for a couple of years."

Money would continue to be tight for many years. Early and important support was given to the Society by Lawrence J. Linck, then Executive Director of the Easter Seals Society. Although Easter Seals at that time had a strong mid-Western base and little involvement in overseas issues, Linck recognized the significance of the renewed International Society. Some $6000 annually was provided for U.S. support of international activities just as the organization was starting up. Although not an enormous sum, the backing and support of Easter Seals at that very critical moment gave a respectability to the international organization. Future directors of Easter Seals were not as enthusiastic about funding the International Society; however as long as Linck served as Director, some support was provided.

Additional annual support (some $5000) and respectability came from Leonard W. Mayo in his capacity as Executive Director of the Association

Former RI Secretary General Donald Wilson with Dr. Harold Balme of England in the early 1950s. Dr. Balme was instrumental in establishing the United Nations rehabilitation program and also advised the World Health Organization and UNICEF on their first disability programs.

By the time Wilson left 18 years later, the Society had 108 member organizations in 63 countries

for the Aid of Crippled children. A New York based agency, it had recently been bequeathed a substantial sum of money. Mayo, prominent both nationally and internationally on a number of social service and child health issues, including rehabilitation, was a highly respected administrator, whose support greatly enhanced the credibility of the organization.

As Secretary-General, Donald Wilson focused on encouraging a growing number of nations to join the International Society, and re-establishing and reinforcing links that had existed before the War. Although the Society would continue to draw heavily on its American based leaders and American financial support for a number of years to come, increasingly, emphasis began to be placed on making the organization truly international in scope. When Wilson came to the Society in September of 1949, it had 12 national member organizations, and $18,000 in the bank. There were no full-time paid staff other than himself and no assured future income. There were also funds enough for only one year's operation. By the time Wilson left 18 years later, the Society had 108 member organizations in 63 countries, and an income and an endowment fund large enough to permit it to undertake continuing operations and to permit long term planning. (Wilson: nd)

The Society also found itself in a unique position as it regained strength. Its initial emphasis on physical disability already permitted it a broader scope for action than many of the other organizations which were specifically tied to one disabling disease or condition. The Society began to broaden its perspective still further after the War, emphasizing both policy and practice and expanding its programs to include all types of disabilities. This very broad perspective initially begun by Allen and King and emphasized under Bell Greve's stewardship, was stressed by Donald Wilson throughout his tenure. Wilson also wrote and spoke regularly and eloquently about rehabilitation standing on four pillars: medical, social, vocational and educational, and urged coordination of effort by professionals in all these areas.

The resumption of international conferences and exchange programs began with the International Society for the Welfare of Cripples' Fifth World Congress in Stockholm in 1951. The 1951 Congress meeting was the first international rehabilitation meeting since World War II. Attracting nearly 700 participants from 35 nations, it marked the re-establishment of organized international meetings as a platform for comprehensive discussion of disability issues. Since funding for travel was still extremely difficult to obtain, Donald Wilson cleverly addressed this problem by arranging for this and many early Society meetings to "piggyback" with those of other larger organizations. For example, a meeting of the World Veterans Organization in Rome, or an international polio conference in Copenhagen would be followed by an International Society meeting somewhere on the continent two or three days later.

The Society began to broaden its perspective still further after the War, emphasizing both policy and practice and expanding its programs to include all types of disabilities.

The organization began a series of regional meetings in part to attract participants who could not afford to attend the World Congresses, the first being the Pan-Pacific Congress that was held in Sydney, Australia in 1958. Regional meetings in the Pacific, Latin America and the Mediterranean were held, in addition to the World Congresses. Some regional meetings were more successful than others, but the significant outcome overall was the involvement of an increasing number of participants who could make contacts and establish networks and joint projects or research with others working within their geographic region. International meetings provided not only information, stimulation and encouragement, but also enabled people to identify sources of information abut standards, techniques, legislation, public education, and increasingly, grassroots advocacy.

Early United Nations Activities

Revival of the International Society for the Welfare of Cripples, and a number of bilateral exchanges, was matched by the birth and growth of activity within the United Nations. At the outset the United Nations had no defined programs in the rehabilitation or disability field, and thinking on disability issues within the United Nations' system was fuzzy at best. Most probably this was because "disability" fell into so many administrative, social, economic and medical arenas that it was

> *Acton, Wilson, Rusk, Kessler, Greve and others were instrumental in helping to better delineate rehabilitation issues for the UN Secretariat and in building support for rehabilitation throughout the system.*

difficult to conceptualize which entities or sections within the United Nations agencies should take primary responsibility for the array of programs that were needed.

Within the United Nations, ideas from United States based and trained experts began early on and their input was significant. The International Society for the Welfare of Cripples was involved from the outset. Norman Acton recalled that the first United Nations contacts he had were when the organization was still based in Lake Placid, New York. Acton, Wilson, Rusk, Kessler, Greve and others were instrumental in helping to better delineate rehabilitation issues for the UN Secretariat and in building support for rehabilitation throughout the system. Indeed, Norman Acton, then Assistant Secretary General to the International Society and primary liaison between the Society and the United Nations, authored the first United Nations publication on rehabilitation in 1950. The earliest involvement of these Americans in United Nations activities meant that American ideas and approaches, including the strong emphasis on the newly emerging physical medicine and rehabilitation played significant roles in future United Nations efforts.

The earliest United Nations programs connected to rehabilitation extend back to the First General Assembly which in December 1946, adopted Resolution #58 establishing a program of social welfare services. "Rehabilitation of the handicapped" was specifically mentioned as an area in which technical assistance should be made available to governments. Thus, since early 1947, experts, fellowships and technical equipment have been provided by numerous countries within the UN system and international seminars, conferences and study groups have also been organized under its auspices.

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The Universal Declaration of Human Rights, written under the supervision of Eleanor Roosevelt, enacted by the United Nations General Assembly on December 10, 1948, established the framework for many of the specific disability-related Declarations that would follow. In July of 1950, the United Nations' Economic and Social Council passed a resolution formally adopting the principle of rehabilitation services for all and establishing a coordinated program for social rehabilitation of physically disabled persons. The Council furthermore offered advice and technical assistance to nations within the United Nations system. The response was immediate and almost overwhelming. Yugoslavia, the first nation to

The 1951 RI World Congress in Stockholm drew crowds to see a newly-developed vehicle for disabled drivers.

First United Nations Conference of Non-Governmental Organizations in the disability field, held February 1953 at UN Headquarters. Representatives from 26 organizations attended.

apply, hosted Henry Kessler in the winter of 1950. In 1951, the Rehabilitation Unit for the Disabled was established within the United Nations Social Development Division.

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By 1952, an agreement had been worked out informally that allowed disability questions to be addressed by the UN and its specialized agencies: the World Health Organization was responsible for medical aspects, UNESCO for educational issues and the International Labor Organization for vocational concerns. Meanwhile, the United Nations' [General Assembly] Rehabilitation Unit took primary responsibility for social concerns and for prostheses (The General Assembly assuming responsibility for social and civil rights issues make some sense, but the issue of prosthetics is less clear. Apparently, the member states of the General Assembly were anxious to be responsible for prostheses, as it was considered that development of rehabilitation equipment and centers was a highly visible and fairly straightforward program that could provide immediate results).

While the concept of rehabilitation was accepted by the United Nations in 1950, the response by United Nations specialized agencies was still uneven. For example, UNICEF was initially slow to respond to disability matters, arguing their primarily responsibility was disability prevention. While pouring effort into massive inoculation programs and other medical efforts to prevent disability, UNICEF spent little energy on those children who were born disabled or for whom the prevention programs had not been successful. Donald Wilson and Norman Acton spent a good deal of time in the very early years trying to encourage UNICEF to address the immediate needs of disabled children, but were unable to stir up enough interest within the organization to make it become a priority.

UNESCO, responsible for educational issues, including special education, was also slow to respond to disability issues. Although they sent representatives to meetings and organized several conferences that touched upon disability issues, it did little of direct relevance to disabled children or adults until the 1970s, when its activity in these spheres increased significantly.

One United Nations agency that was active throughout the period was the International Labor Organization (ILO), sole survivor of the international bodies established after World War I under the League of Nations. The ILO had been involved in rehabilitation and employment of disabled workers since its inception, although it had been limited in the early stages to studies and reports. After the Second World War, however, newly affiliated with the United Nations, it began to be more involved in intergovernmental and voluntary groups, organizing projects such as regional training courses in physical and vocational rehabilitation and sponsoring workshops in conjunction with the United Nations, the World Veterans Fund and the International Society for the Welfare of Cripples.

The Council of World Organizations Interested in the Handicapped (CWOIH)

The fragmentation of rehabilitation/disability issues within the United Nations system made it all the more imperative that disability organizations with an international focus keep in close contact with one another. The United Nations, in a sense, forced the issue. The United Nations Economic and Social Council maintained "consultative relations" with non-governmental organizations, entitling these organizations to participate in meetings, submit statements and generally have some influence on the thinking in that particular field. Although willing to address some disability issues, the UN's resources and abilities could not cover response on an individual basis to every disability group.

The coordinating body would eventually be composed of more than 50 international groups representing many disability-specific and advocacy organizations as well as a wide array of professional groups.

For the first time, it became important for internationally based disability organizations to come together to identify priorities for, and to advocate as a collective advisory group to, the United Nations. To this end, The Council of World Organization Interested in the Handicapped, (CWOIH) was formed in 1953, through the efforts of Norman Acton, to coordinate activities of international disability organizations in consultative status with various United Nations agencies. The coordinating body would eventually be composed of more than 50 international groups representing many disability-specific and advocacy organizations as well as a wide array of professional groups. The worlds of physical impairments, blindness, deafness and later mental retardation and mental illness began to draw closer on an international scale.

Now called the International Council on Disability, it continues to meet. Although not active independently of the United Nations, the Council was one of the first truly international forums for the exchange of ideas and for significant networking to take place. What the Council also provided was a formal forum in which a cross-pollination of ideas and coordination of initiatives could be undertaken.

The World Rehabilitation Fund

By 1954, when Dr. Howard Rusk became President of the International Society for the Welfare of Cripples, the organization was beginning to get on firmer ground. Donald Wilson had successfully built both membership and funding and had increased the Society's participation in the United States government and the United Nations rehabilitation programs. Under his guidance, the first two modern era international Congresses had been held, and preparations were underway for the third post-War World Congress in London in 1957. The International Society was not out of the woods yet, money was still tight, the staff was small and obligations were steadily increasing. However, it was well launched.

As President, Howard Rusk felt increasingly that, in addition to being a clearinghouse for information, organizing conferences and networking, the International Society should also offer more in the way of direct medical/clinical services and training. Rusk had been training a number of foreign Fellows for several years and was interested in expanding upon these exchanges.

In 1955, at the behest of William Donovan, United States Ambassador to Thailand, Rusk initiated a program to bring over several teams of medical professionals from Thailand to receive training at his Institute and was pleased with the results. However, he had found that the usual channels through which such fellowship exchanges took place, the State Department, the United Nations, and the World Health Organization, worked very slowly, and gave such low priority to rehabilitation issues that it took years to get much accomplished. "What we needed," Rusk later wrote, "was an agency that would be free to move quickly when someone asked us for help." (Rusk: 1972:221)

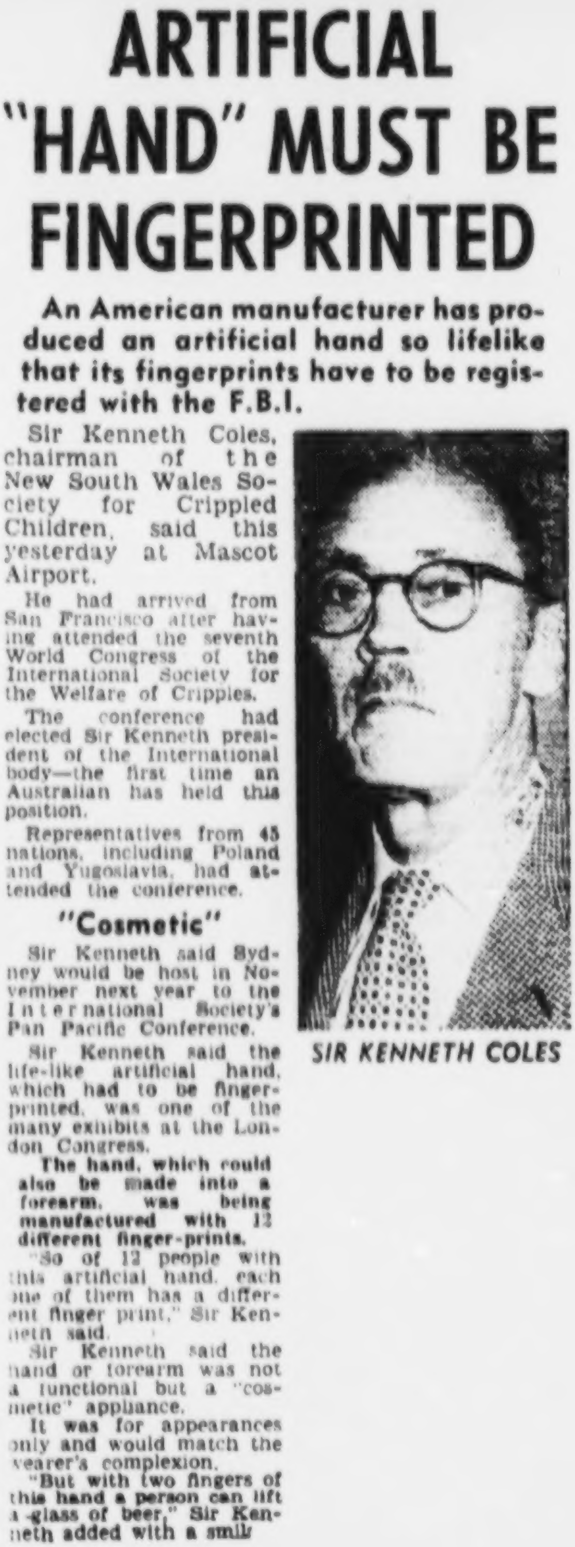
Rusk decided to organize such exchanges through the International Society for the Welfare of Cripples. To that end, the World Rehabilitation Fund was formally established in December of 1955. Its basic aim was to sponsor international projects to train rehabilitation professionals and facilitate the exchange of new ideas and techniques in rehabilitation throughout the international medical community.

Originally, the World Rehabilitation Fund was established as a fund within the International Society, with the idea that the monies raised would be dedicated to training medical personal and the transferring of information about clinical and medical rehabilitative services.

> *The disagreement went beyond personal beliefs and reflected a larger debate that was just beginning to emerge; the resistance by some to a medical dominance in the rehabilitation field.*

The World Rehabilitation Fund attracted contributions from the start, allowing Rusk to begin planning regular exchanges of personnel and the sponsorship of technical and training workshops. At some point, however, the issues of organizational priorities and allocation of funds for projects came into contention, with Wilson and Rusk disagreeing strongly about priorities. Part of their disagreement might have been rooted in their professional backgrounds. Wilson, an experienced administrator, was concerned about long term planning and development of the organization for which he was responsible. Rusk, a compassionate physician, wanted to address the immediate needs he saw internationally in a more direct fashion. The disagreement went beyond personal beliefs and reflected a larger debate that was just beginning to emerge; the resistance by some to a medical dominance in the rehabilitation field.

By 1956, frank discussions were held, followed by a parting of the ways, with Rusk himself incorporating the World Rehabilitation Fund as a separate organization with a specific mandate to train overseas personnel in rehabilitation medicine, prosthetics and orthotics. Howard Rusk



ARTIFICIAL "HAND" MUST BE FINGERPRINTED

An American manufacturer has produced an artificial hand so lifelike that its fingerprints have to be registered with the F.B.I.

Sir Kenneth Coles, chairman of the New South Wales Society for Crippled Children, said this yesterday at Mascot Airport.

He had arrived from San Francisco after having attended the seventh World Congress of the International Society for the Welfare of Cripples.

The conference had elected Sir Kenneth president of the International body—the first time an Australian has held this position.

Representatives from 45 nations, including Poland and Yugoslavia, had attended the conference.

SIR KENNETH COLES

"Cosmetic"

Sir Kenneth said Sydney would be host in November next year to the International Society's Pan Pacific Conference.

Sir Kenneth said the life-like artificial hand, which had to be fingerprinted, was one of the many exhibits at the London Congress.

The hand, which could also be made into a forearm, was being manufactured with 12 different finger-prints.

"So of 12 people with this artificial hand, each one of them has a different finger print," Sir Kenneth said.

Sir Kenneth said the hand or forearm was not a functional but a "cosmetic" appliance.

It was for appearances only and would match the wearer's complexion.

"But with two fingers of this hand a person can lift a glass of beer," Sir Kenneth added with a smil

*By the late 1950s fascination with American gadgetry had reached around the world. Above article appeared in the **Telegraph of Sydney**, Australia, August 15, 1957.*

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WELCOME RUSK MISSION
TO KOREA

Members of the Rusk Mission leave the Ministries of Health and Welfare after conferences with Korean officials in Seoul, March 1953.

Gen. Mark Clark briefs members of the Rusk Mission at his headquarters in Tokyo prior to their departure for Korea. Left to right: Dr. Leonard Mayo, Director, Association for Aid of Crippled Children; Mrs. Rusk; Mrs. Bernard Gimbel, board member of the American-Korea Foundation; Gen. Clark; Dr. Rusk; Mr. Palmer Bevis, Director of the Foundation; and Mr. E.J. Taylor, assistant to Dr. Rusk.

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remained President of the International Society until the next World Congress in 1957, but when he completed his term, the Fund went with him to new headquarters at the Institute for Physical Medicine and Rehabilitation across town.

Rusk assembled a distinguished Board of Directors for the World Rehabilitation Fund. The honorary chairman of the new organization was former President Herbert Hoover, and prominent individuals such as Harry Truman, Dr. Albert Schweitzer and Bernard Baruch sat on its first Board. The Fund became an on-going entity in its own right. A system of training fellowships sponsored by American industries was established with Rusk regularly meeting with leaders of industry and finance to explain the program and its objectives. At the beginning, a fellowship cost only $5000, to cover airfare to the United States and a per diem similar to that received by American physicians in training. Additional funding would eventually come from interested individuals in the United States, as well as from United States government projects and programs. The Fund concentrated on providing a medical rehabilitative approach to physical disability and was organized from the outset as an American organization pursuing international work, as distinct from the International Society which had a worldwide focus and was simply based in the United States.

It is speculated that as many as 4 million individuals have been fitted with prosthetics and orthotics as a result of individuals trained under the auspices of the Fund.

The physician training program was only one part of the focus of the new World Rehabilitation Fund. Of equal importance was the program of training for artificial limb and brace makers around the world. In 1957, Rusk was fortunate to find Juan Monros, a physical therapist from Spain, who joined the staff on a four-year fellowship basis to study prosthetics. Monros quickly became one of the world's leading authorities on low-cost methods of prosthetic manufacture and usage and represented the World Rehabilitation Fund for the next three decades, establishing workshops and running training sessions in over 70 countries.

There has been some shift in direction of the World Rehabilitation Fund over the years. Rusk's original plans placed emphasis on bringing individual professionals to the United States for short periods of time to allow them to work in the model facility he was so carefully developing in New York. Early on however, Rusk became concerned with the number of individuals who came to receive training at his Institute and at other centers in the U.S. and then decided to remain in the United States. Worried that programs such as the World Rehabilitation Fund were contributing to the "brain drain" in the Developing World, Rusk and his staff at the World Rehabilitation Fund began financing the travel of experts from the developed world to the developing world to conduct training and workshops.

Much of the credit for the day to day workings of the organization must go to Jack Taylor, who kept an eye on the activities of the staff and trainees while at the same time making sure that the latest ideas and technologies in the field were integrated into the training process. It was Taylor who kept in close touch with the thousands of professionals who annually wrote to the Fund, received training or requested information. Over the years, the World Rehabilitation Fund has worked with professionals in 150 countries and trained more than 6000 specialists in advanced rehabilitation techniques. It is speculated that as many as 4 million individuals have been fitted with prosthetics and orthotics as a result of individuals trained under the auspices of the Fund.

The International Society, while continuing involvement in medical programs, increasingly turned its attention to becoming a comprehensive clearinghouse of information and ideas for a full range of disability related issues: medical, economic, social, educational and increasingly, legal and civil rights as well. The International Society also maintained and fostered a strong international membership. Although United States based, over the years increasing emphasis was placed on encouraging participation and policy design from all member nations and its priorities and concerns became increasingly international.

The separation between the International Society and the World Rehabilitation Fund was initially awkward. The still small field of international rehabilitation suddenly found itself with two New York City based international agencies, with many prominent leaders in the field linked to both organizations through personal interests, commitments and friendships. Fortunately, there was improvement over time, fostered by a willingness to work together on the part of both organizations. Because the international aspects of the field continued to be small, there was also a great deal of cross-over between professionals, with members of the Society and Fund regularly serving on each other's advisory committees, boards and research teams. In such an atmosphere, prolonged wrangling simply made little sense, and everyone seems to have realized that there was more than enough work and need on the international scene to go around. Over time, the two organizations eventually established a more cordial working relationship.

In addition, the Perkins Teacher Training Program, initiated in 1921, continued. (By 1987, it had trained more than 350 teachers from 63 different countries).

Additional International Work

Although organizations such as the International Society for the Welfare of Cripples and the World Rehabilitation Fund were the most prominent United States based international rehabilitation agencies during these years, it would be misleading to imply that they were the only American groups fostering international exchanges.

In addition to the larger voluntary organizations, much activity was on-going in smaller institutions and agencies and among and between academic centers. Most of these took the form of unilateral or bilateral exchanges, with specific organizations or academic institutions concentrating their efforts on a single type of disability or a training program for a specific academic discipline. For example, at The Perkins School for the Blind, the Director, Dr. Gabriel Farrell, became increasingly involved in international affairs throughout the late 1940s, and 1950s. He regularly represented the blind community on United Nations commissions, organized significant Post-War conferences on international blindness and served as a special consultant to the Department of Social and Economic Affairs within the United Nations. In addition, the Perkins Teacher Training Program, initiated in 1921, continued. (By 1987, it had trained more than 350 teachers from 63 different countries).

A number of academic institutions with growing undergraduate and graduate programs in special education, rehabilitation, physical therapy, nursing, and other disability-related areas, established liaisons with individuals and academic institutions overseas, often on a one-to-one basis. The numbers of individual foreign scholars and professionals training in many of these programs was small. Two foreign students would attend a master's program in physical therapy at a land grant college in Iowa, for example, while three special educators would earn degrees in New Jersey or Oregon. However, all together, these types of programs brought thousands of professionals in rehabilitation, special education and medicine to the United States from the late 1940s on. These programs rarely addressed international or cross-cultural concerns, but those foreign students trained in them did take home the latest American ideas on disability and integrated the concepts into their own regional and national disability programs, further disseminating ideas and technologies initially developed or refined in the United States.

In addition to institutional and academic liaisons, veterans' groups played a significant role in the field. The American Veterans of World War II (AMVETS) placed great emphasis on securing benefits and rehabilitation services for disabled vets. The World Veterans Federation, (which was based in Paris, but had strong United States involvement), had three key issues on its agendas: economic development, human rights and rehabilitation. The links between these issues echoed then current concerns, foreshadowed future disability rights agendas and were very distinct from the more exclusively technical roles of many physical rehabilitation agencies then dominant in the field. Many prominent leaders of the American rehabilitation community were also actively involved in these veterans groups. For example, Norman Acton left the International Society for the Welfare of Cripples in 1958 and went to Paris to serve as Deputy Secretary General of the World Veterans Federation. He remained with the World Veterans Federation as its Secretary General until 1967 when he returned to the International Society. Howard Russell became a leading figure in AMVETS, eventually serving for a time as National Commander. He also served as Vice President for the World Veterans Federation, (which was subsequently renamed the International Federation of World War Veterans).

In addition to academic exchanges and veteran's groups, throughout the 1950s meetings and conferences with international components brought growing numbers of people working in the disability field together. There were several contributing factors: commercial aviation made it possible for more people to travel to more places more frequently; and telephone, radio and television allowed more regular individual and group communications. Improved travel and com-

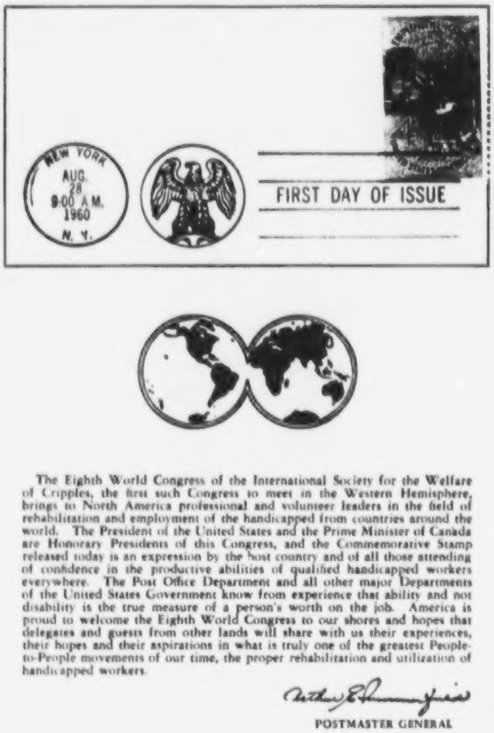
In addition to academic exchanges and veteran's groups, throughout the 1950s meetings and conferences with international components brought growing numbers of people working in the disability field together.

munication to both large and many smaller programs and conferences exposed rehabilitation experts and disabled individuals in the United States to their first international experiences. An indication of the growth in interest in rehabilitation issues was seen at the Eighth World Congress of the International Society for the Welfare of Cripples held in New York City in 1960. The meeting drew over 3000 participants from more than 80 countries. (Reflecting new terminology, the Congress also voted to change the organization's name to the International Society for the Rehabilitation of the Disabled).

Despite the formal connections developed through professional meetings and official exchanges, However, leaders in international rehabilitation were also part of a small or more informal network. Many working in the still relatively small field saw each other regularly and appointed each other to committees, boards and conference roles. Outside the well-established circuit of non-governmental organizations and projects, the talents and support of this groups was often marshalled to help individuals trying to develop overseas programs. For example, the Episcopal sisters of St. Margaret in Boston had sent a member of their order to Haiti to establish a program for the blind. Sister Joan Margaret, while committed to the program for blind children, had been trained as a physical therapist and quickly expanded her program to serve a wide range of disabled children. Based at the St. Vincent School for Crippled Children, Joan Margaret received help from many in the United States. Bell Greve helped set up an informal assistance program through back channels. She organized a small organization called "Friends of Haiti" and collected and coordinated the shipment of donated clothes, food and technical aids. Greve persuaded Herman Flax in Puerto Rico to donate his medical skills and by 1951, Flax was traveling to Haiti two or three times a month to see disabled children for Sister Joan Margaret at her school. The Center in Haiti was operational and served as a development base for the Haitian Society for Crippled Children, a program influential throughout the Caribbean.

Early in her career, Dorothy Warms, who would become a cornerstone of the International Society for the Rehabilitation of the Disabled, recalled that she was sent to the Dominican Republic on a site visit to a project run by Mary Maranzini. So impressed was Warms by both Maranzini's commitment and by the overwhelming need, that she actively campaigned for additional help and was instrumental in locating emergency medical aid and supplies to stem the tide of a polio epidemic.

Not all international meetings and organizational initiatives were successful. For example, The First International Medical Conference on Mental Retardation held in Portland, Maine in 1959 was a promising gathering. Organized by two local physicians from Maine's Pineland Hospital and Training Center in Pownal, it attracted 70 leading figures in genetics, biochemistry and neurology from throughout North America, with several scholars traveling from Europe and Asia. The published Proceedings noted that the 1959 Conference was the first of "a permanent international forum to ensure continued communication" in mental retardation research (Bowman and Mauter:1960). Having concluded this, it seems to have then sunk from sight like a stone for reasons that are not clear.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FIRST DAY OF ISSUE

The Eighth World Congress of the International Society for the Welfare of Cripples, the first such Congress to meet in the Western Hemisphere, brings to North America professional and volunteer leaders in the field of rehabilitation and employment of the handicapped from countries around the world. The President of the United States and the Prime Minister of Canada are Honorary Presidents of this Congress, and the Commemorative Stamp released today is an expression by the host country and of all those attending of confidence in the productive abilities of qualified handicapped workers everywhere. The Post Office Department and all other major Departments of the United States Government know from experience that ability and not disability is the true measure of a person's worth on the job. America is proud to welcome the Eighth World Congress to our shores and hopes that delegates and guests from other lands will share with us their experiences, their hopes and their aspirations in what is truly one of the greatest People-to-People movements of our time, the proper rehabilitation and utilization of handicapped workers.

POSTMASTER GENERAL

First day of issue of special U.S. postage stamp on disability released to coincide with RI World Congress in USA.

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The Post-War era in the United States is notable not only for the rise of leading individuals and American based private agencies, but also for the first real involvement of the United States government in overseas rehabilitation programs.

Federal Government Involvement in the 1950s and 1960s

The Post-War era in the United States is notable not only for the rise of leading individuals and American based private agencies, but also for the first real involvement of the United States government in overseas rehabilitation programs. The funding available for foreign rehabilitation programs was quite small when compared to the funds made available for other types of international aid programs, such as nutrition projects or roadway and hydroelectric dam construction. However, the programs are of note because they expanded and lent legitimacy to a small and previously ignored field.

The earliest manifestations of United States' government involvement in rehabilitation internationally can be traced back to immediate post-War relief efforts in Europe. The Marshall Plan, the Fulbright Programs and other programs funded scholarly exchanges, some of which had some relevance to (although rarely a central focus on) disability and/or rehabilitation. In the 1950s and 1960s however, serious efforts were made to specifically incorporate rehabilitation services into broader American outreach programs. The vast majority of these programs are traceable directly or indirectly to the vision and commitment of a single brilliant administrator and her equally effective staff in the Office of Vocational Rehabilitation. Her name was Mary Switzer.

The earliest manifestations of United States' government involvement in rehabilitation internationally can be traced back to immediate post-War relief efforts in Europe.

Mary Switzer

The era of Mary Switzer began when she came to the Office of Vocational Rehabilitation (OVR) as its new Director in 1950. Originally from Massachusetts, Mary Switzer had joined the Federal government in 1921 and had worked her way up through the ranks within the Treasury Department. She had innovative ideas and a genius for bringing individuals and programs together to reach a workable consensus.

Mary Switzer at UN dinner for disability leaders, 1953.

Prior to her OVR position, Switzer had had a long standing interest in rehabilitation through prior personal and professional contacts with such national rehabilitation leaders as Tracy Copp and Howard Rusk. She had also had an ongoing interest in international issues, and effectively integrated this into her work at the Office of Vocational Rehabilitation. For two decades, Switzer was a central force in the field of rehabilitation in the United States and virtually dominated the field within the Federal government. Her offices, known by some as "Switzerland", were involved in almost all aspects of rehabilitation activities.

A woman of real commitment and true vision, Mary Switzer was instrumental in broadening the mandate of federal and state disability programs to support a much wider variety of dis-

For two decades, Switzer was a central force in the field of rehabilitation in the United States and virtually dominated the field within the Federal government.

ability-related both nationally and internationally. An effective administrator and excellent speaker, she commanded a great deal of respect in Congress and was able to lobby effectively for both improved legislation and better funding. Howard Russell recalled "... when you sent Mary up to Congress for a budget of $18 million, she came back with a budget of $36 million ... if you wanted more money, send Mary up to the Hill became she could get it." In the 17 years Mary Switzer headed the Office of Vocational Rehabilitation, funding for the program increased 40 fold.

Switzer's program began to attract attention because, although a small program, it encouraged individuals with disabilities to become self-sufficient. These "restored taxpayers," studies found, returned $10 for every one that had been invested in their rehabilitation. The program, in short, produced results in an era when taxpayers were becoming increasingly critical of large and, to some, apparently wasteful social programs. Its success was seized upon by politicians who regularly used it as an example of a productive public program which justified the expenditure of tax dollars.

A major coup occurred in 1954, when Switzer, along with her close associate Howard Rusk, pushed Congress to pass the Vocational Rehabilitation Amendments of 1954, which broadened existing state-federal programs and revised the grant system. These changes allowed states more flexibility in administering programs and authorized federal funding to help in the establishment of public or nonprofit rehabilitation facilities.

Most significantly, these Amendments enabled the Vocational Rehabilitation program to change from a single-grant system to a multi-program approach. This meant that in addition to providing the basic program of grants to the states for vocational rehabilitation services, a separate program of grants became available for research in rehabilitation, and training of rehabilitation personnel.

In one fell swoop, Mary Switzer was now empowered to fund, in effect, whatever she chose within the field of rehabilitation. She chose wisely. She began by funding training and research programs. Emphasis was placed on establishing university-based training programs, particularly on the graduate level, so that a core group of leaders in the field could be trained and in turn, train others. (It was, in a sense, a type of academic trickle down theory). Under the sponsorship of Switzer's funding, over 100 university-based rehabilitation-related training programs were established accommodating thousands of future professionals. The effects were significant. Professional fields such as rehabilitation counseling and special education benefited immediately. These fields, which formerly had few agreed-upon formal academic training programs or minimum standards for certification, were now able to establish guidelines and provide formal training programs.

Under the sponsorship of Switzer's funding, over 100 university-based rehabilitation-related training programs were established accommodating thousands of future professionals.

Rehabilitation counseling had the "unique distinction" of being the only profession established by an act of Congress (Wright: 1980: 21). Emerging as a speciality in the years following WWI, it was shaped by a series of legislative and administrative decisions at the state and national levels, (Blanch: 1938) and finally formally recognized by Public Law 565 in 1954.

Research on the social, educational, psychological and behavioral aspects of a wide range of disabling conditions were also funded under the program, and for the first time, information on disability began to be systematically collected, studied and integrated into professional training, policy and programs. The United States quickly became a leading player internationally in both training and research.

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Switzer's support was not confined to academic institutions or professional development alone. Under her guidance, the Office of Vocational Rehabilitation began funding a range of programs including support for some disability groups that had previously received little attention, such as mental retardation and mental illness. There was funding for previously ignored approaches as well. Some of the first movements towards independent living and disability rights sprang from programs which were funded by Mary Switzer and her staff. Playwrights received support to write pieces that would introduce disability issues to the non-disabled, film captioning for deaf viewers was pioneered and the National Theater of the Deaf received its first seed money. Funding was also made available for hundreds of conferences, large and small. The consolidation of fields, and the nurturing of professional networks was further aided by subsidies to academic and trade journals.

Switzer did not jump from issue to issue, but rather, building on programs her office had already funded, gradually expanded her vision to meet the needs of the population she served. Central to her vision and perhaps most significant of all was that, very early on, Mary Switzer became convinced that individuals with disabilities themselves had to be involved in planning at all levels and she was adamant in this conviction.

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Under a different administrator, perhaps, none of these programs and exchanges would have taken place. The effective funding of a whole range of programs and professional exchanges that comprised much of the core of the United States rehabilitation efforts from 1950 through the 1970s is directly attributable to Mary Switzer's vision and foresight.

Switzer was strongly supported by a very talented staff. Her key assistant, James Garrett, joined her at the outset of her career at the Office of Vocational Rehabilitation, transferring to Washington from Rusk's Institute of Physical Medicine and Rehabilitation in 1951. Garrett was sympathetic to Switzer's goals and as Associate Commissioner of Research and Training, quickly became familiar with the projects and individuals

The 1960 winnters of the triennial Albert Lasker Awards were: (left to right) Gudmund Harlem, M.D. of Norway for his leadership in rehabilitation in Northern Europe, Miss Mary E. Switzer of the USA for her role as architect of the government and voluntary partnership in the disability field, and Dr. Paul Brand of the USA for his development of reconstructive hand surgery for people wih leprosy. The prestigious Lasker Awards for recognition of achievement in rehabilitation were given for many years by the Albert and Mary Lasker Foundation of the USA to world leaders on the occasion of RI World Congresses.

Increasingly, Mary Switzer's vision was an international one.

who had become linked to the Office. Garrett assumed responsibility for a well thought out and coordinated research and training program, an approach that was at times made more complicated by Switzer's spontaneity and rapid decision-making style. (Walker: 1985:169)

Together, Switzer and Garrett proved to be a particularly effective team, continually expanding the horizons of what rehabilitation programs could and should attempt to do. Backing Garrett as leading staffers were professionals whose individual influence in the field would continue to grow over the years, such as Joseph LaRocca, Joseph Traub and James Burress. (The specific contributions of these men will be discussed in the next section). The concentration of these talented individuals in Switzer's department provided a nucleus of energy that sparked dozens of programs.

Increasingly, Mary Switzer's vision was an international one. Her first formal introduction to the international world of rehabilitation was at the World Congress of the International Society for the Welfare of Cripples in Stockholm in 1951. There she was profoundly impressed by the numbers of committed individuals from dozens of different countries working on disability issues. She also saw a direct link between disability advocacy and the ability to "promote democratic values" and "world understanding," as these issues were conceptualized in the early Cold War period. As Rusk recalled "...this was the trigger that launched Mary into a new orbit of action and probably the most important one in her career." (Rusk: 1972a)

Her initial work in international rehabilitation took the form of participation in conferences, including the First World Congress on Mental Health and her work on the constitution of the World Health Organization. Her justification for enlarging what was essentially a national program into an international one was that there was much to be learned. As she wrote, "In the field of health and medical affairs, there is no national boundary to the development of new knowledge and the improvement of services ..." (Walker:1985:204). Early on, Switzer began to regularly authorize funds for her staff to attend international meetings with the expectation that they might both contribute and learn. The 1958 regional Pan-Pacific Meetings of the International Society for the Welfare of Cripples in Sydney, Australia was one of the first where Switzer's Department was represented in force.

Switzer's staff began to amass international expertise. In 1954, one of the first comprehensive overviews of the then-current state of rehabilitation internationally was published by the Office of Vocational Rehabilitation. Written by Joseph LaRocca and titled *Rehabilitation of Disability in Thirty-One Countries*, it was a comprehensive attempt to survey rehabilitation information in these nations. The information was gathered by the local American embassies at the request of the State Department and the publication is filled with page after page of detailed information on government and private voluntary organizations serving specific disability groups. An updated version of this first overview, also assembled by Joseph LaRocca, was issued in 1964 titled *Rehabilitation of the Disabled in Fifty-One Countries.*

Dr. James Burress

Regularly sent overseas on fact-finding missions and to oversee and evaluate programs sponsored by the Office of Vocational Rehabilitation or other United States government related projects, Switzer's staff soon acquired individual expertise on issues and regions. For example, James Burress, a senior staff member under Switzer who would go on to head the Denver regional office for the Department of Vocational Rehabilitation, first attended an international meeting in 1956 when he was sent to the Pan-Pacific Meetings held by the International Society in Australia. Burress, himself the first Afro-American vocational rehabilitation counselor in the United States, was struck by the lack of information available on rehabilitation efforts in Africa. (In fact, Africa is strikingly absent from rehabilitation literature and exchange networks before 1960). While in Sydney, Burress organized a very informal discussion for a dozen or so representatives from African nations attending the conference. At this meeting, the African representatives expressed interest in establishing an informal exchange network. Burress volunteered to serve as the coordinator for the network, and was soon duplicating and sending literature and information to individuals and government officials throughout Africa. Within a few years, Burress was regularly hosting colleagues from abroad and actively fostering a large and growing African network. He made several multi-nation tours of Africa as a representative of Switzer's program, as well as traveling to India and elsewhere on behalf of the program.

The Office of Vocational Rehabilitation, not only ran its own programs but also provided a central focus for rehabilitation issues throughout much of the Federal government. It served as a clearinghouse for rehabilitation information and contacts within the federal bureaucracy, in cooperation with the United Nations and the State Department. It was regularly called upon to arrange for the training of foreign nationals through special scholarship programs, and to identify specialists to be recruited for assignments abroad, through US AID, the State Department, the Peace Corps and other governmental agencies. Switzer and her staff also provided consultative services to international agencies and technicians on international programs. In close touch with Rusk, Kessler and Greve, Switzer also began to provide some funding for the International Society for the Rehabilitation of the Disabled and the World Rehabilitation Fund to support travel and training efforts, some meetings and publications.

PL.480

One of Mary Switzer's most effective international efforts was The International Rehabilitation Research and Demonstration Program, (PL 83-840 and 86-610), using funds generated through Public Law 480, initiated in August 1961. This program was based on an agricultural program already underway in the 1950s when the United States government began shipping massive amounts of grain to some countries in the Developing World. In exchange, a program was initiated in which the recipient nation would repay the American government in their local national currencies. These "counterpart funds" would not leave the country. Instead, part of these monies were used to run the local American embassy and pay for other United States government operations in these nations. Whatever monies remained were initially earmarked for the exchange of knowledge and training of agricultural experts, under the Agricultural Trade, Development and Assistance Act.

> *One of Mary Switzer's most effective international efforts was The International Rehabilitation Research and Demonstration Program.*

Joseph LaRocca, one of the keystones of the PL 480 program.

In 1961, working closely with Howard Rusk, Switzer secured the enactment of PL83-840 and 86-610, which amended the Agricultural Act, redirecting some of these funds to the Office of Vocational Rehabilitation to pay for cooperative rehabilitation research and demonstration projects. Funds were also made available for an on-going exchange of United States and foreign rehabilitation experts, through travel, training and conferences.

The best funded and one of the most successfully administered of any United States government rehabilitation efforts abroad, the PL. 480 program grew rapidly. In 1961, the first year of operation, PL-480 with a budget of just over $900,000, supported 13 projects. By the second year, the number tripled. By 1967, close to 125 projects were placed in operation, with a budget of three million dollars. Eventually, 14 countries were included in the project with rehabilitation activities sponsored in Bangladesh, Brazil, Burma, Egypt, Guinea, India, Israel, Morocco, Pakistan, Poland, Sri Lanka, Syria, Tunisia and Yugoslavia.

Shown above are the 1966 winners of the Albert and Mary Lasker Awards for outstanding achievement in the international rehabilitation field. From left to right are: Poul Stochholm of Denmark, recognized for founding training courses for rehabilitation physicians from around the world; Mr. Eugene J. Taylor of the USA, Secretary Treasurer of the World Rehabilitation Fund, recognized for his many years of service to the Fund, the UN and RI; and Dr. Wiktor Dega of Poland, one of Europe's leading orthopedic surgeons, for his international stimulation of advanced rehabilitation techniques. Dr. Dega was active in the U.S. exchange of experience program known in the disability field as "PL 480." Now more than 90, Dr. Dega is actively advising a new generation of disability specialists in Poland.

Switzer's key staffer, James Garrett, was in charge of administrating PL 480 from 1960-65. Joseph LaRocca helped to organize the project and to oversee the results. LaRocca had been involved with rehabilitation issues since 1933, when, as an administrator for a Words and Progress Administration program he helped develop a system that would help train people with disabilities for WPA jobs. He subsequently gained international experience through War time and post-War work on the Marshall Plan in Greece, and with UN administrative work in New York.

Working on behalf of the government, Boyce Williams, who was himself deaf, was the key individual who opened many doors for deaf professionals and groups.

Garrett and LaRocca administered funds, ensured that they were being properly distributed, and evaluated the results. Between them, they were responsible for annual site visits to funded programs. They would regularly divide up the world, with each man selecting the countries to which he would travel that particular year. They developed an extensive network of contacts in PL 480 recipient counties and placed great emphasis on participatory planning. They would regularly assemble committees of 20-30 experts to jointly develop a plan for the next five years of research and training. Eventually, LaRocca and Garrett would be joined by Martin McCavitt and Joseph Traub who also worked on international projects for the Office of Vocational Rehabilitation for many years.

The projects funded under PL 480 covered a great range of disabling conditions and issues, e.g. cardio-vascular disorders and cancer to physical rehabilitation and counseling to hearing and visual problems, alcoholism and drug abuse, mental illness, and mental retardation. The establishment and the operation of several rehabilitation facilities were undertaken as well as independent living programs.

Money was provided for programs and meetings that enabled deaf organizations and representatives to come together and begin to establish networks and working cooperatives. Counterpart monies through PL 480 funded the exchange of

In fact, as a result of these exchanges, United States-based programs in Rehabilitation Medicine and orthopedics benefited significantly from ideas and techniques introduced from participating countries.

deaf professionals, with international exchanges beginning to take place between deaf organizations, colleges and universities. Working on behalf of the government, Boyce Williams, who was himself deaf, was the key individual who opened many doors for deaf professionals and groups. Williams was one of the first administrators to appreciate Sign Language and its importance to a deaf sense of identity and to ensure that monies would be forthcoming to support interest and research in these areas.

A provision in the initial legislation specified that the United States was to receive some benefit from these exchanges reflecting an attitude too often absent in international development projects that the United States might have something to learn from other countries. In fact, as a result of these exchanges, United States-based programs in Rehabilitation Medicine and orthopedics benefited significantly from ideas and techniques introduced from participating countries. For example, Polish techniques on the immediate or early post-surgical fitting of prostheses, group methods of dealing with retarded children and adults, the introduction of improved prosthetic technology such as the Jaipur Foot and the use of mobile eye clinics in rural areas, were examples of new ideas and technologies introduced to this country through PL 480 exchanges. New ideas from India, Pakistan and Israel on rehabilitation of heart disease victims were piloted here, as was the introduction of lightweight plastics developed in Israel for prosthetics and orthotics.

Dr. James Garrett

An important component of PL 480 was to link United States organizations—preferably those that were university-based, with counterparts in other countries. For example, a medical school in South India working on leprosy was linked with the University of North Carolina and the University of Pittsburgh for an exchanges of people interested in plastic surgery. A burn project in Bombay was linked with burn centers in the United States. Most of the time, the exchanges included teachers, heads of medical and social work schools and national organizations. No American salaries were provided for visiting foreign scholars, only living expenses and travel.

In 1980, a major conference summarizing PL 480 activities reported that over 275 research projects had been developed under the program and over 500 researchers had received funding.

PL 480 was hardly a lavish program. The exchanges generally were of two to six weeks duration. Transportation was covered but living expenses and per diems were usually picked up by the hosting university or institution. No health insurance was provided for foreign experts and officials at the Office of Vocational Rehabilitation and host institutions lived in fear that a visiting scholar would have a major medical problem that could not be paid for. (Fortunately, the exchange scholars were an unusually healthy lot, and the few medical crises that arose were taken care of by sympathetic local physicians).

In 1980, a major conference summarizing PL 480 activities reported that over 275 research projects had been developed under the program and over 500 researchers had received funding. (Garrett:1981) The conference also found that many of the overseas PL 480 programs had a significant influence in their own countries, proving to be self-sustaining after PL 480 funds ended, with some projects serving as the cornerstones for the development of national programs. Less measurable, but perhaps of even greater significance, the exchange of experts provided an array of formal and informal institution-to-institution and person-to-person consultations, exchanges and agreements.

All was not perfect. Funds tended to be directed heavily toward prosthetics and orthotics, because there was always an easily documentable need and their introduction produced dramatic and visible results. Many programs were also heavily oriented to vocational rehabilitation because that was the orientation of the sponsoring agency in Washington. However, vocational rehabilitation was not always the most immediate need for the individuals or the developing nation being served. Indeed, it is of interest to note that despite a number of years of training, vocational rehabilitation as a field has not met with overwhelming acceptance, particularly in the developing world. On the other hand, the American vocational rehabilitation system had some success in Australia, where a concerted effort was made to train and educate people about it. A similar American effort to introduce the field to Egypt, however, proved to be far less successful.

Still more seriously, because of the requirement that PL 480 projects be tied to activities in the United States, there was a disproportionate emphasis within the program on high-tech, medically-oriented approaches to rehabilitation that might not have been the most appropriate approach for reaching the majority of the populace in many of the host countries. Usually missing was support for indigenous approaches, such as low-tech, community-based solutions, non-Western oriented medical approaches and consideration of the social implications and adaptation to disability. This was not, of course, unique to PL 480 programs. Much aid from the United States and other industrialized nations, throughout the 1950s and 1960s placed great emphasis on large-scale, Western approaches to international development. Enormous hydro-electric dams, modern airports and highway projects that cut through jungles and deserts dominated the era. Programs such as those sponsored through PL 480, although often emphasizing a Western, medical approach, were reasonably culturally sensitive by comparison.

Nor were all foreign nations equally enthusiastic about the cooperative program. Some developing nations placed rehabilitation low on a long list of economic and health concerns, and were not particularly interested in devoting scarce foreign funds resources to disability services. Several nations were simply suspicious of anything American. One representative from Burma for example, told a visiting rehabilitation expert that the rehabilitation program would not be well received since everyone knew that the grain being sold to his country had been poisoned.

Unfortunately, making the program dependent on revenues generated by foreign grain surpluses eventually placed the funding for PL 480 in a Catch-22 situation. While the Office of Vocational Rehabilitation was busy building programs dependent on the sale of American grains, other government agencies, such as US AID, the State Department, the Department of Agriculture, and United States funded intergovernmental agencies such as the World Bank and the International Monetary Fund, were spending billions to make the same countries agriculturally self-sufficient. The result was that need for United States grains eventually declined and with it the allocated monies available for rehabilitation. In theory, if funding by the United States government through surplus grain sales was the key, one could either have starving nations with good rehabilitation assistance or agriculturally self-sufficient nations with virtually no rehabilitation assistance. Under the system, as it had been designed, these countries were not going to get both. The PL.480 programs and funding declined throughout the 1970s and early 1980s and only a vestige of the program remains today.

Europe, just recovering from World War II could offer relatively little help to other nations in the 1940s and 1950s.

America's Presence in Rehabilitation

In some ways, the mid-1950s through the late 1960s were the heyday of United States' based rehabilitation ideas and expertise. Medicine and technological advances, ever increasing hierarchies of professional training, research and increasingly sophisticated legislation on disability were all touted as waves of the future in rehabilitation, and the United States was preeminent in these. In addition to its own programs in disability, the United States government was also the single largest contributor to the United Nations and its specialized agencies, and thus further financed disability-related work internationally.

Europe, just recovering from World War II could offer relatively little help to other nations in the 1940s and 1950s. European nations initially turned inward, planting the seeds for national health services and social welfare programs that would address the need of their own citizens with disabilities. As Europe gradually recovered, patterns developed following colonial affiliations with European rehabilitation groups usually establishing their strongest ties with nations which were their former colonies.

Viewed from a distance, the late 1940s to the late 1960s was an era when the United States was in the vanguard of rehabilitation medicine, with increasingly sophisticated medical technology and professional training programs being developed to address the medical needs of children and adults with disabilities. Legislation on behalf of disabled individuals was moving forward, with emphasis placed on placing disabled adults into the work force. Moreover, a significant percent of the world's literature on rehabilitation and disability was originating in American-based journals and books.

International activity within the United States rehabilitation community during this era reflected not only American strengths, but weaknesses as well. Despite the pioneering work of Mary Switzer and her associates in encouraging and funding consumer advocacy within the field of rehabilitation, there was, on a national level, relatively little input from disabled consumers in the broad field of rehabilitation. The central focus of many government and privately sponsored, United States-based international disability programs in the 1950s and 1960s were on issues of vocational rehabilitation and counseling, reflecting the professional bias and funding mandates found within the sponsoring federal agencies. Much of the remaining attention was directed towards innovative medical practices and technologies. Most foreign exchange programs encouraged foreign rehabilitation personnel to come to the United States for training, or sent experts overseas for relatively short periods of time. Few stressed the design, development and integration of non-medical concerns in rehabilitation within the social, economic or political frameworks of nations. Fewer still identified the disabled consumer as a source of reference or decision making.

Cold War Politics

It is difficult to discuss international policy from the late 1940s through to the 1970s without acknowledging the influence of Cold War politics. Federal rehabilitation policy, particularly on the international level, was not immune to the politics of the era.

International activity within the United States rehabilitation community during this era reflected not only American strengths, but weaknesses as well.

Many, including Rusk and Switzer were not above utilizing the dominant political Cold War themes. Both frequently argued that rehabilitation programs were highly visible, relatively low-cost ways of promoting American goodwill and democratic values. As Rusk wrote in his *New York Times* column one Sunday, "frequently this writer has commented on how America's participation in international rehabilitation projects has furthered our foreign policy through the dramatization of the high values we in a democracy place upon human dignity and the worth of the individual (Rusk:1956). Mary Switzer would justify her program's international work before Congress by noting that, in her opinion, "rehabilitation was the best demonstration of democratic forces at work" (Walker: 1985:133)

The potential benefits of 'rehabilitation' fit well into the tenor of the times. Framing United States based international rehabilitation efforts as links in a Cold War chain helped to increase funding from many politicians and government agencies that might ordinarily have cared little about disability-related issues. Emphasis on the political benefits of rehabilitation also had a negative side, however. Politicians often expected a political benefit and at times urged that programs and services be designed around immediate political concerns rather than long-term disability needs. Not surprisingly, with the government funded programs, the greatest number of contacts were with United States allies. Countries with special significance to United States foreign policy in the 1950s and 1960s such as South Korea, Japan, Pakistan, Egypt, Israel, Taiwan, and the Philippines, for example, were afforded greater attention. Federally subsidized programs and professionals were only peripherally in contact with programs and colleagues in the Soviet Union, Hungary, Czechoslovakia, Yugoslavia and other Iron Curtain countries. An on-going link with Poland, that included PL 480 funding, was an exception during this era. Contact with China or mainland Chinese representatives was not al-

Switzer, for example, was very vocal in insisting that the federal policy forbidding government officials to attend any meeting which also allowed attendance by representatives from Communist China was "extremely short sighted" and "regrettable."

lowed in federally funded exchanges. Such restrictive policies however, drew fire from many in the rehabilitation field. Switzer, for example, was very vocal in insisting that the federal policy forbidding government officials to attend any meeting which also allowed attendance by representatives from Communist China was "extremely short sighted" and "regrettable." Some areas considered to have little United States strategic importance, such as sub-Saharan Africa, were largely ignored. One leader in the field recalled that she at times felt like a pawn, more than once having been sent to one country and then pulled out because there had been was some change in government policy.

The Cold War linkage between politics and rehabilitation was by no means, solely an American problem. For example, Dr. Jaroslav Stuchlik of Czechoslovakia reported to *The International Mental Health Research Newsletter* in June of 1960, that, "I think it necessary to state that in connection with the over-all political conception in the Eastern countries we have no problem of mental hygiene per se, since the problems in this field may be reduced to questions relating to the re-education of society along the lines of Socialist thought. Owing to that, no mental hygiene problems officially exist. And that is also why the Society for Mental Hygiene, which in former times practically concentrated all of the mental hygiene activates in its hands, has been completely inactive." (Whether this statement reflected his beliefs, is unknown). Exchanges and contacts through the voluntary organizations were usually on a more neutral level, not tied to the political outlook of any particular country.

Academic Links

The world of rehabilitation and disability that began to crystalize in the late 1940s, lacked a key component—a unifying academic link that was cross-disciplinary and cross-disability in focus.

In the early 1970s U.S. President's Committee on Employment of the Handicapped Chairman Harold Russell meets with Alan Reich, then Deputy Assistant Secretary of State. A 1972 memo of this meeting documents Reich's commitment to attracting outstanding disabled persons from overseas to the annual meetings of the President's Committee. Reich went on to found the U.S. National Organization on Disability and played a preeminent role in U.S. support for the International Year of Disabled Persons and the UN Decade of Disabled Persons.

On the whole however, there was very little of the policy analysis and the cross-disability, cross-disciplinary collaboration that would be a hallmark of the later Disability Rights Movement.

This is not to say that specific interest groups and emerging professional societies did not have solid academically-based training programs. Thanks in large part to the commitment made by Mary Switzer and the Office of Vocational Rehabilitation, government funds were available to individual schools and departments and more than 100 different programs flourished at two and four year colleges and graduate schools. Training programs in fields such as physical therapy, occupational therapy, vocational rehabilitation counselling, social work, special education, speech pathology and rehabilitation medicine attracted and trained thousands.

Nor did these emerging professions ignore activity and scholarship in allied disciplines. Ideas, literature and programs were shared by many in the system, and students of different disciplines were taught to work with, rely on and make referrals to one another. Professionals in vocational counselling, for example, were expected to be knowledgeable in aspects of rehabilitation medicine, psychology, physical and occupational therapy as well as local, regional and federal programs available to their clients, the local job market and educational opportunities. Those in special education had to be knowledgable in medical and psychological issues, social and family factors, physical and occupational therapy and state and federal programs as well as mastering the field of special education.

Communication between these fields however, often lagged behind communication within these fields. Moreover, there were few forums in which to analyze or conceptualize disability at a broader policy level, which would be both cross-disciplinary and cross-disability in nature. The many disability-related professional specialties were often in the process of defining or redefining their own identities. Many professional groups were specifically organized to provide services to individuals, and the emphasis therefore was often placed on the individual's experience of disability, rather than on the social and political issues that might contribute to that experience. The division within academics also reflected the historic divisions within the private organizations of and for specific groups of disabled people, where scarce funding and scant public attention often drove professional groups to compete rather than to collaborate.

It would be misleading to state that no academic programs, professions or advocacy groups addressed broad policy issues. Prior to World War II, for example, the New York School of Social Work at Columbia University, was training students to think broadly about disability in society. In the post-War years, the Department of Special Education at Columbia and Syracuse University were significant forums for the cross-pollination of ideas. On the whole however, there was very little of the policy analysis and the cross-disability, cross-disciplinary collaboration that would be a hallmark of the later Disability Rights Movement. The emphasis for most in the field, was on how the disabled individual could better adapt to the society. The sociological concept of "stigma" dominated the era (Goff-man:1963). The idea that society might be in need of adapting to better accommodate the individuals with a disability had not yet taken hold.

While American students were often well trained in the latest ideas and federal and state programs, few were directly exposed to programs or literature from overseas.

Not only was the academic training on disability and rehabilitation related issues organized on the basis of established disciplines, within American schools during these decades there was very little attention paid to international issues. While American students were often well trained in the latest ideas and federal and state programs, few were directly exposed to programs or literature from overseas. With the exception of individuals such as Ignacy Goldberg at Columbia who actively promoted comparative special education, few educators regularly taught students to question how similar issues might be approached in different political or cultural contexts. This inwardly centered programming was carried out despite that hundreds of foreign students came to the U.S. to participate in these programs. Training programs throughout the country would regularly include one or two foreign students in each entering class. Little emphasis was placed on altering program requirements to better address their future professional challenges working with different, and often traditional, medical, educational, social and legal systems.

Moreover, there were no programs that attempted to train individuals for disability-related work outside the United States. Unlike fields such as public health and international development, training in cross-cultural or international rehabilitation did not develop a foothold at the university level. As a result there was no university-based training level to feed young professionals into the junior ranks of internationally-based rehabilitation programs and agencies early in their careers. In part, as a consequence, there were few younger American-trained professionals who entered the international field over the years, and relatively little activity at the academic level in studying and analyzing ideas and programs from overseas, particularly from non-Western countries.

The pattern in international efforts, which had been in operation from the late 19th century on, of drawing on young people with solid but broadly based academic backgrounds, into the international field, continued, with relatively little new blood coming from programs which were specifically designed to train rehabilitation professionals.

The Broadening Agenda: The Parent's Movement and Mental Retardation

The early 1950s through the late 1960s marks not only the birth of a renewed social commitment to disability in general, but a new interest in several fields of social action that were not allied closely with disability and rehabilitation at the outset. These developing fields and movements are of great significance, for they would eventually overlap and begin to unite with rehabilitation. The Parent's Movement on behalf of mentally retarded children and in support of special education, is certainly one of the most significant of these.

While other types of disabilities were relatively openly discussed, mental retardation was still rarely mentioned. Programs for mentally retarded children were not new to the United States. Near the turn of the century, the development of intelligence testing lead to the identification of large numbers of mildly to moderately retarded children within the community. (Prior to this, only the most severely retarded were identified and most of these individuals had been institutionalized from the middle of the 19th century onward).

> *Indeed, most educators felt little could be done for "the retarded child" and that the burden of his or her education was not necessarily the responsibility of the public school system.*

Research in Europe had already established that many mildly to moderately impaired children would flourish in special education situations. Following the European lead, American educational initiatives were launched. Special classes in public schools for mentally retarded children began in Providence, Rhode Island in 1896; Springfield, Chicago, Boston and New York provided classes before 1900; and others followed, although they were still the exception rather than the rule in most American school districts. Indeed, most educators felt little could be done for "the retarded child" and that the burden of his or her education was not necessarily the responsibility of the public school system. With such an attitude, it is not surprising that special education programs were the first to go when the Depression began to squeeze school budgets. The 'higher functioning' retarded children were sent to languish in the back of the regular classroom, while those children who were more severely impaired were simply sent home or institutionalized.

By the late 1940s, the tradition of education for retarded children had receded into the shadows. For example, because of program cutbacks and withdrawal of funding over the years, states such as New Jersey, despite sizeable increases in overall population over the years, had more children in public school special education classes in 1918 than in 1950. Even the most basic of social services were missing, particularly for those families who chose not to institutionalize their children. Their needs or even their existence was not acknowledged or addressed by any regional or national teaching organizations and few public school systems believed they could do much for these children even in a special classroom situation. Fewer still even acknowledged any responsibility for them.

Mental Retardation and Social Stigma

Retardation was still considered a shameful condition for some, a reflection of "weak" or "poor" genes on the part of the parents, for others, evidence of a "punishment" or "cross to bear" caused by God. Parents with such children were encouraged to keep them 'in a back room,' or better yet, institutionalized. It was not unusual for parents to inform siblings and close relatives that a new baby or young child had died, when in reality, the child had been sent to a public or private institution for the mentally retarded.

Then in the late 1940s, the first of what would be a number of significant advances was made on behalf of retarded children. The late 1940s and early 1950s marked the beginning of a parents' movement which sought to obtain services for developmentally disabled children and adolescents. Occurring concurrently in the United States, Europe and elsewhere, the movement was to give rise to a number of major American organizations which were to play significant roles nationally and internationally. More than any previous disability-related social action in the 20th century, the United States parents' movement on behalf of developmentally disabled children was consumer driven.

The beginning was modest indeed. A mother in New Jersey wrote to her local paper, *The Bergen Record* with a simple request. Her severely retarded son was a resident of the Woodbine Colony, an institution at the opposite end of the state. This mother wanted to get in touch with other parents of children at the school, so that they could coordinate efforts to keep in closer touch with their children and with activities at the institution. The editor of *The Bergen Record* initially refused to publish the letter, and balked at the idea of publishing it with the mother's name attached—he feared a lawsuit from her once she realized the public shame and humiliation that would result.

More than any previous disability-related social action in the 20th century, the United States parents' movement on behalf of developmentally disabled children was consumer driven.

Dr. Elizabeth Boggs

At around the same time, a woman from Brooklyn, New York put a notice in her local paper asking other parents if they had a child whose symptoms were similar to those of her own. She described a child with cerebral palsy, for whom doctors could provide little information on future prospects or potential. The New Jersey group became a core group of parents with a growing network which would form the basis of National Association for Retarded Children (NARC). From the group brought together by the woman in Brooklyn came the founding members of United Cerebral Palsy.

In New Jersey, the parents' group battling for improved services for retarded children, were joined in 1950 by an individual who would have a significant voice in the field for years to come—Elizabeth Boggs.

Boggs had received her doctorate in mathematical chemistry from Cambridge University in England in 1939, and had spent the War years working in munitions research. In 1945, shortly after the end of the War, her son David was born. Although not disabled at birth, meningitis at ten days of age left him severely retarded. Indeed, the disease would probably have claimed his life if antibiotics had not been made available to the civilian population several weeks prior to his birth. As David grew, it became increasingly clear that there were significant delays and Boggs, rather than returning to research as she had planned, began to involve herself in David's education.

Boggs quickly discovered that the answers experts were giving her were often inadequate.

When her son reached school age, Boggs began organizing classes for him and other retarded children in her own home and in church basements and Boy Scout halls. To better fit herself for the task of advocating on her son's behalf, she returned to school to take classes in special education and social work administration. Boggs was soon working as a volunteer on issues of legislation and public policy and became one of the most influential members of the National Association for Retarded Children.

In 1950, the first nationwide convention of the National Association for Retarded Children (NARC) was held in Minneapolis. From its inception, the organization distinguished itself by its uncompromisingly grassroots stance and emphasis on consumer advocacy. NARC proved to be a tremendous success. By 1956, it had well over 50,000 members, with branches in every state, dealing with legislation, parent education and training of personnel.

The organization followed recently-established European leads. At the close of World War II, no country had a nationwide voluntary citizens' group devoted primarily to mentally retarded people. The National Society for Mentally Handicapped Children led the way in England and Wales in 1947. A European League of such societies formed in 1960.

Within the United States, a few associations for retarded children had existed before World War II. These tended either to be affiliated with specific institutions and state schools, or were locally based groups such as the Council for the Retarded Child in Palo Alto, California. A scientific organization, The American Association on Mental Deficiency, had functioned since 1896 when it was founded by the visiting French scholar, Edouard Seguin. Although it was a large multidisciplinary organization, it had little to do with consumer or advocacy issues.

The first Executive Director of NARC, Dr. Salvatore G. DiMichael came to the organization from Switzer's Office of Vocational Rehabilitation in Washington, with an expertise in legislation. DiMichael's successor was Gunnar Dybwad, who joined NARC in 1957. Formerly the Executive Director of the Child Studies Association of America, Dybwad had worked widely in prison and child advocacy programs, as well as holding a degree in law. His experience with families in stress, parent groups, voluntary organizations and government programs would prove invaluable. Most importantly, Dybwad's background as a lawyer meant that advocacy issues for the first time were framed in legal terms. This approach would be a major contribution not only to the mental retardation field, but would eventually influence the whole disability community, for many landmark decisions would be based on legal precedences established in the field of mental retardation. Dybwad's unequivocal support for the parent/consumer focus advocated by NARC further enabled him to frame issues from the perception of consumer entitlement.

Rosemary and Gunnar Dybwad

Under Gunnar Dybwad's directorship, NARC early recognized the need for international ties and began to establish formal liaisons with its European counterparts. In 1959, a first step toward an international organization was taken when leaders of the movement in Holland, England and Germany met to plan a European League of Societies for the Mentally Handicapped. Formally established in 1960, the First Congress of the European League held in 1961 drew 400 people from 12 European countries, as well as rep-

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resentatives from NARC and other non-European groups.

In hiring Gunnar Dybwad, NARC gained not only an exceptional and tireless advocate for retarded children, but an entire international division in the person of Gunnar's wife, Rosemary Dybwad. Rosemary Dybwad had received her doctorate in Sociology from the University of Hamburg in the late 1930s and had worked in social work and prison reform in several states before she retired to raise their young children in the 1940s. By the late 1950s, the Dybwad's children were older and Rosemary began to come in to NARC to volunteer some of her time. She soon uncovered a large stack of letters and queries from parents and organizations around the world that had been left unanswered for want of anyone with the time and inclination to tackle the job. The international link must have been natural to Rosemary. The great-granddaughter of missionaries to the Indians in the West, and granddaughter of a missionary to China, she had spent part of her childhood in the Philippines where her father also did missionary work. Her college career took her to Germany where she met and married Gunnar—himself of Norwegian as well as German descent. Hired by NARC as Secretary of the International Activities Committee for $1 a year, Rosemary began to maintain the international correspondence, as well as publish an International Newsletter, issued three times a year. Within a decade, the Newsletter was reaching thousands of people in 70 different countries.

An indication of the extent of Rosemary's knowledge of the international community working on mental retardation issues can be seen in an early memo Elizabeth Boggs recently located in her files. Boggs was on her way to Holland and apparently requested any information that Rosemary might have on and activities in that country. In a one-page memo, Rosemary Dybwad lists the names of 13 board members of parents' associations in Holland, describes several institutions that should be visited, provides the references to several background articles Boggs might look at, as well as noting a book or two written by people with whom Boggs is scheduled to meet. Rosemary Dybwad was central to the development of the International League of Societies for the Mentally Handicapped and editor of its newsletter, as well as Secretary of the Joint Commission on International Aspects of Mental Retardation.

Gunnar and Rosemary Dybwad became the center of an extensive international network in mental retardation advocacy, with Gunnar appointed Chairman of the International League of Societies for the Mentally Handicapped in 1956. When Gunnar Dybwad retired from his post as Director of NARC in 1963, he and Rosemary became Co-Directors of the Mental Retardation Project of the International Union for Child Welfare, based in Geneva. From 1963-1966, the Dywbads traveled the world, meeting with parents, government officials and medical and academic experts to teach people how to organize their advocacy efforts. They continued their work after 1966 from Gunnar's new base at the Heller School at Brandeis University.

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New Research Initiatives in Mental Retardation

Parents involved with NARC quickly became aware that medical and educational professionals often knew little about mental retardation beyond their ability to identify and name specific conditions. Information about how mentally retarded children and adults could function in the world was scarce. In response, NARC and other advocacy groups dealing with retarded and multiply handicapped children began to fund research.

Initially, even basic statistics and information, such as how many retarded individuals lived at home, what services they needed and what issues their families had to deal with in a community setting, were lacking. In 1956, in an early effort simply to assess the priority of needs of retarded children and their families, NARC hired Ignacy Goldberg, the principal of the Muscatatcuk State School in Indiana. One of the few educators in the nation with a doctorate in special education, Goldberg traveled the country meeting with parents, providing information and organizing advocacy groups. Despite warnings from colleagues

In the early 1950s, research on mental retardation was in its infancy.

that, in affiliating himself with a parents' group he was committing "professional suicide," Goldberg spent 1956-57 touring 30 states. He was struck by how drastically resources for parents and children varied not only between regions or states, but from one city to the next. The information Goldberg assembled helped to provide a national needs assessment upon which future programs were based.

In the early 1950s, research on mental retardation was in its infancy. Only 14 universities in the country had any sort of leadership training program for special educators and in the country as a whole, only some 11 doctorates in Special Education were being awarded annually. Even such basic tasks as the identification of children believed to be retarded was surprisingly crude. In some school districts, for example, any available "professional" was considered capable of labeling a child retarded. In an early survey, Goldberg and Connors found that in several New York school districts, assessment exams and IQ tests were being administered by the local minister and an entire educational plan for the child was based on the results.

The situation began to improve, although slowly. In 1957, the Office of Education, under the stewardship of Romaine Mackie and later Samuel Kirk, began to support teacher training programs in special education, particularly those aimed at fostering leadership within the ranks of special educators. Along with training came support for research both from Mary Switzer's Office of Vocational Rehabilitation and through Romaine Mackie in the Office of Education.

Mackie, who arrived in Washington after her work in Ohio, New York and California, was one of the few people in the country who had dealt with special education as a teacher, a school principal, a college professor and an administrator at the state and federal level. She established a strong foothold in the U.S. Department of Education and was instrumental in channeling funds into some of the pioneering special education research projects.

In addition, Mackie herself ran a major survey through the Department of Education in the early 1950s, with Lloyd Drem and Frances Connors as her key assistants, undertaking a nationwide review of special education programs, and developing training curricula and protocols for teachers of each specific disability group.

By the very nature of her position, Mackie was increasingly sought out by visitors to Washington interested in special education and rehabilitation. The "grand tour" for rehabilitation-oriented visitors to Washington for many years was a stop at Mary Switzer's Office of Vocational Rehabilitation and a meeting with Romaine Mackie and Frances Connor at the Office of Education. Mackie and Connor both began to receive regular invitations to travel overseas, requests for copies of their publications, which were used widely, and inquiries from dozens of countries as to how to establish and administer special education programs.

Prof. Frances Connor

A focal point for much of the on-going research was the Department of Special Education at Columbia University Teachers' College. Mackie had concentrated on special education while earning her doctorate at Columbia, although Teachers' College had yet to organize a formal special education program. Frances Connors and Ignacy Goldberg were two early graduates of the new special education program in the early 1950s. In 1962, Frances Connor who had already been teaching part-time at Columbia for several years, (while commuting to Washington weekly to continue her work with Mackie), was named Chair of the Department. That same year, she also became President of the Council for Exceptional Children and soon Columbia became the focus of groundbreaking research by Connor and Ignacy Goldberg. At Columbia there was a constant flow of international students through the Department, with additional astudents coming from other universities and from the Peace Corps train-

Hospital-based schools were frequently held to lower standards than regular classrooms and disabled children who were hospitalized for months or years often fell far behind their non-disabled contemporaries.

ing programs which were based on campus. The ideas and international perspective of Connor and Goldberg influenced hundreds of future educators.

Goldberg had joined Columbia University Teachers College as the Assistant Director of the Mental Retardation Project on young children with retardation in 1957. In addition to his other work, Goldberg became interested in *comparative* special education, i.e. cross-cultural comparison of educational approaches with retarded children. He soon began to write and speak on the subject.

One of Connor's primary contributions to the field was her insistence that education be incorporated into disabled child care programs. In many instances, disabled children, both in developed and developing countries, were beginning to receive good medical care, but attention to their education was minimal. Hospital-based schools were frequently held to lower standards than regular classrooms and disabled children who were hospitalized for months or years often fell far behind their non-disabled contemporaries.

Connor and Goldberg also were early advocates for mainstreaming whereever possible. Special Education they insisted, should be part of a public school curriculum, and children should not be shuttled off to institutions or schools far from home where they coulf never interact with their non-disabled peers. The field was still so tenuous that Connor and Goldberg initially could not even fight for mainstreaming as it is known today—much of their energy was at first spent simply in trying to convince public educators that they had a responsibility for these children.

Although interest was growing in early childhood special education, little was known about the process or the potential of the children to be educated. Working from two major grants funding early childhood research—one from the U.S. Office of Education and the other funded by

International Special Olympics Games 1979 SUNY at Brockport

Eunice Kennedy Shriver, sister of President Kennedy, founded the Special Olympics in 1968. The international Special Olympics program is now active in more than 110 countries and currently negotiating with the former U.S.S.R. republics in a new Eastern Europe venture. Historians in the developmental disabilities field agree that the Kennedy public support and exposure provided a quantum leap in attention to the needs of people with intellectual impairment.

The study showed conclusively that even children with more severe forms of retardation benefited significantly from early intervention.

United Cerebral Palsy Associations, Connor, Goldberg and Fouracre set out to determine some guidelines for these children. The first significant study undertaken at Columbia was funded through the U.S. Office of Education under the direction of Romaine Mackie. This grant provided support for a five year research study that yielded some of the first solid data on retarded preschoolers. The study showed conclusively that even children with more severe forms of retardation benefited significantly from early intervention. In conjunction with this, Connor and Goldberg developed curricula that were published and distributed worldwide.

The second large grant, funded through United Cerebral Palsy in the late 1960s, further looked at children from birth to three years of age, and examined the manner in which transdisciplinary teaching methods could benefit those with Cerebral Palsy. As with their first study, the second received wide attention from special educators, professionals from related fields and parents. It was translated into Spanish and Japanese and distributed worldwide.

Because of the importance of their work, Connor and Goldberg became increasingly active internationally. Leonard Mayo had involved Frances Connor in work being done through the Pan American Health Organization in South America. In 1962, Connor and her husband, Leo Connor, an educator in the field of deafness, included a site survey for the International Society for the Rehabilitation of the Disabled within a trip around the world, visiting a number of programs in rehabilitation centers sponsored by American-based organizations.

The parent's movement was not content simply to address educational issues. As the children of those parents grew older, the focus on special education broadened from that of special education to issues of preparing the mentally retarded child and young adult for a "normal" life. The idea of "normalization" began to blossom in the early 1960s in Scandinavian countries and Americans began to look to Scandinavia as models of the "normalization" movement. Although the tremendous growth and spread of the "normalization" process appears to have been, in part, an idea whose time had come, Dr. Bengt Nirje, of Sweden, credited by many as the "inventor" of the normalization principle, told Ignacy Goldberg that he had picked up the idea during his travels to the United States. Nirje recalled "normalization" as an obvious idea and that people talked about it at centers such as Syracuse University, where Wolf Wolfensberger taught was an early proponent of age appropriate activities for retarded individuals in an environment approximating one's peers; an early interpretation of mainstreaming. While people such as Wolfensberger strongly argued against institutionalization, no one had actually attempted to implement the idea. One of many scholars who had visited the United States in the years following the War, Nirje had simply brought the idea home and put it to the test.

From the 1950s, the field progressed rapidly. When NARC began its work, severely retarded children simply did not exist in the eyes of the law and established educational systems. Although public education and the concept of what became "mainstreaming" were identified early as important goals within the parent's movement, initially many parents dared not push for too much. At first, many believed that their involvement in the movement might simply help to make institutions more liveable for their retarded sons and daughters.

As the children of those parents grew older, the focus on special education broadened from that of special education to issues of preparing the mentally retarded child and young adult for a "normal" life.

However, thinking within the movement progressed so rapidly that as early as 1954, when the initial civil rights legislation, (Brown vs the Board of Education), went before the Supreme Court, it occurred to at least a few in the special education movement that the rules being redefined for African-American children were also pertinent to retarded children. Some felt that special education advocates missed a major opportunity in 1954 by not tying themselves closely to the civil rights legislative efforts, although in retrospect, the field simply may not have had the maturity to muster the broad base of support needed to place retardation and disability issues within the broader civil rights agenda.

By the early 1960s, increasing numbers of retarded children were being served, and for the first time, the more severely retarded children

Interest in mental retardation and special education, already picking up steam throughout the 1950s, was helped enormously by the establishment of The President's Panel on Mental Retardation in 1961.

were also beginning to receive educational attention. The progress was often discouragingly slow. Despite a decade of work, in 1960 no more than a quarter of the mentally retarded children in the U.S. eligible had been enrolled in special public school classes. Many parents still preferred to avoid public stigma by institutionalizing their children or keeping them at home, and medical personnel were still recommending institutionalization to parents of newborns and young children for whom significant retardation had been diagnosed.

Interest in mental retardation and special education, already picking up steam throughout the 1950s, was helped enormously by the establishment of The President's Panel on Mental Retardation in 1961. Initiated by President Kennedy and chaired by Leonard Mayo, the President's Panel purposely set out to learn from other countries. At its first meeting, Chair Mayo and the assembled group of experts and advocates agreed to look at community outreach, education and guidance, residential programs, as well as research and training overseas. The Panel dispatched groups of members on four 'missions' to foreign countries, each group of three to four members going on intensive field study visits that lasted a month or more. These site visits convinced panel members that many potential improvements could be made by and for retarded Americans.[4]

The West Point Conference

An early, and particularly significant international meeting on special education took place at West Point, New York in 1960. Sponsored by the International Society for the Welfare of Cripples, (soon to be renamed the International Society for the Rehabilitation of the Disabled) and held immediately before its Eighth World Congress in New York City, it brought together, for the first time, leaders in special education and the parents' movement from around the world.

Participants in the three day meeting were bused to the Thayer Hotel at West Point, a small Hudson River town, where the meeting featured small group discussions rather than large sessions or formal addresses. The relatively isolated venue and informal discussion format apparently encouraged participants to spend more time together than might have been the case otherwise. (Certainly, several participants felt they were far enough away from a major metropolitan area, so that considerable discussion went into emergency contingencies, should Eloisa de Lorenzo of Uruguay, by then extremely pregnant, go into labor). Daytime discussions continued on through dinner and then far into the night.

Over the three days they were together, participants had a chance to compare notes on health, education and legislation. Participants began to realize, many for the first time, that they were part of an international movement that was gaining momentum and that in many counties real progress was being made, particularly in education and legislation. "People," educator Francis Connor recalls, "were overpowered with the things they were learning." "Hope" is a word that comes up regularly in reference to the West Point meeting. For many Americans who would later work internationally, such as Ignacy Goldberg and Francis Connor, West Point was their first exposure to the international scene. Professional and personal links were established that would last a lifetime.

Public Discussion of Retardation: A Change in Public Attitudes

Slowly, primarily as a result of parent advocacy, mental retardation began to come out of dark closets. For the first time, some parents were speaking, not only to each other, but publicly as well. Books by two well known parents, Nobel laureate Pearl S. Buck's *The Child Who Never Grew* and actress Dale Evans' *Angel Unawares* brought the topic of mental retardation to the general reading public. In both cases, these famous parents were openly discussing their child's retardation for the first time, and their examples encouraged many parents to begin admitting and addressing the needs of their children.

Of all the personal admissions made public during this era, by far the most significant was that of the Kennedy family. John F. Kennedy's mentally impaired sister, Rosemary, had played little part in family affairs, and was reported by the family to be a "teacher" of retarded children at St. Colleta's School in Wisconsin. All other associations with retardation were downplayed. When the Association of Retarded Children's publication, *Children Limited*, showed a front page photograph of the President-elect receiving a planter from a six-year-old girl with mental retardation, the organization was told behind the scenes not to repeat such an association.

It was Kennedy's sister, Eunice Kennedy Shriver, who finally broke the silence. Officially appointed a Consultant to the President's Panel on Mental Retardation, she decided to announce the family's interest publicly. The September 22, 1962 issue of *The Saturday Evening Post* carried the article. It was not only written after express consent was given by the Kennedy clan, but John F. Kennedy himself, (with the Cuban missile crisis looming on the horizon), took time out to personally edit the manuscript before it was given to the publisher.

> *Suddenly, politicians, as well as medical experts and educators were more willing to take issues of retardation seriously.*

The revelation was, to the movement, a completely unanticipated event. So closely had the family guarded the secret up until that time that, with the exception of Elizabeth Boggs and a few others, even most leaders in the field were unaware of the family's personal involvement in the subject. Gunnar Dybwad, who had been Executive Director of NARC since 1957, compared the revelation to "a bombshell." Suddenly, politicians, as well as medical experts and educators were more willing to take issues of retardation seriously. Leading foreign politicians, such as the French president Charles DeGaulle, for the first time addressed some attention to programs for retarded children and adults.

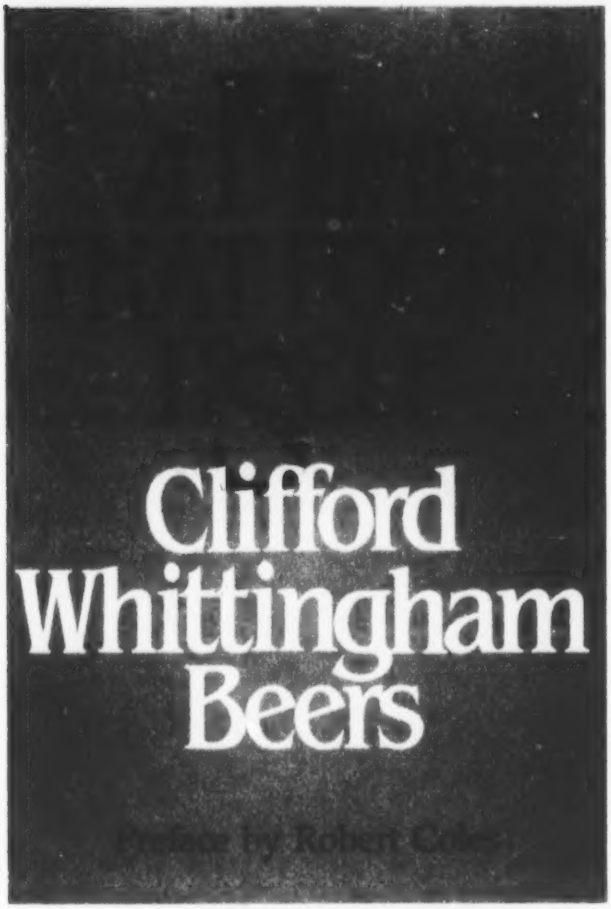
The Kennedy family's involvement in mental retardation has strongly impacted beyond U.S. borders. First the International Special Olympics, founded by Eunice Kennedy Shriver grew into a majro worldwide event and second, the International Very Special Arts organization is also taking hold in a growing number of countries.

Although the public slowly began to take a more enlightened attitude toward mental retardation, it still had far to go. Issues concerning mental retardation were similarly "closeted" in the rehabilitation community. Many in fact, hesitated to link physical or sensoral disability issues with those of the mentally retarded or the field of special education, fearing that their own cause would suffer. For example, more than one member of the President's Committee for the Employment of the Physically Handicapped objected to broadening the committee's mandate to include mentally retarded individuals. (One member recalled that many Committee members initially believed mental retardation and mental illness were one and the same thing and that other members feared that physical disability issues would be "diluted" by broadening its concern to those who were mentally retarded). Although the word "Physically" was eventually dropped from the Committee's title to reflect the inclusion of mentally retarded (and later mentally ill) people, many Committee members remained displeased with the change.

> *Dorothy Warms, who had joined the International Society in 1958 as an administrative assistant and quickly became a leading figure in the field, was always sympathetic to the movement in general and supportive of parents/grassroots involvement in particular.*

There were some exceptions to this. Howard Rusk and Jack Taylor took mental retardation issues very seriously, as did Mary Switzer who pioneered many of the early federal programs in mental retardation. Dorothy Warms, who had joined the International Society in 1958 as an administrative assistant and quickly became a leading figure in the field, was always sympathetic to the movement in general and supportive of parents/grassroots involvement in particular. Her sommitment to significant parent participation and her inclusion of parents at organizing meetings, conferences and programs enhanced the parents' presence and visibility in the field significantly.

In this era retarded children could not go to schools for physically disabled children, nor could children with severe physical handicaps attend schools for children with mental retardation. When New York City,established some of the very earliest classes for children with cerebral palsy, the ground rules were very clear. A child had to have an IQ of 70, be able to eat a sandwich by himself and have self-toileting skills. Many physically disabled children with IQ's far higher than 70 were automatically excluded. Little wonder that when special educator Frances Connor established a program for multiply handicapped cerebral palsy children in the Suffern Public Schools for residents of Rockland County, New York, a significant number of families simply moved from the New York City area to Rockland County to be able to take advantage of the service.



The classic autobiography of Clifford Beers, ***A Mind That Found Itself,*** *copyrighted in 1907, has been reprinted 41 times and still commands substantial public interest. Reviewers agreed that this book "did for the American mental health movement what Thomas Paine's* ***Common Sense*** *did for the American Revolution." After recovering from his illness, Beers began a life long crusade to revolutionize the care and treatment of those with similar problems.*

Through the aggregate work of Connor, Goldberg, Gunnar and Rosemary Dybwad and Elizabeth Boggs as well as work by NARC and the President's Panel, the United States quickly achieved a significant presence in the mental retardation/special education movement. Research and teacher training supported by Mackie and Switzer also gave the United States particular prominence in these areas.

Mental Illness

Mental illness, one of the most frequent and potentially disabling disabilities, finally began to be much more openly discussed and addressed in the 1960s and early 1970s, two decades after mental retardation began to receive public attention.

Despite the fact that Clifford Beers presented a clear and loud consumer voice as early as 1909 in his book *The Mind that Found Itself*, his pleas failed to attract interest or understanding among the general pubic, nor was he able to spur others who were mentally ill to come forward to advocate on their own behalf. The National Committee for Mental Hygiene that Clifford Beers and Dr. Adolf Meyer (later Head of Psychiatry at Johns Hopkins), founded several years later, was to remain essentially a professional movement. Nor was this the only attempt to build an advocacy organization for those concerned with mental illness. During World War II, the conscientious objectors who selected work assignments in mental health facilities and institutions organized a national institute in Philadelphia, which undertook an outstanding public information campaign over a period of several years.

Congress established the National Institute of Mental Health in 1945 to pursue research and training. In 1950, The Conscientious Objectors organization merged with the National Committee on Mental Hygiene to form National Association for Mental Health. Internationally, in 1948, the World Federation for Mental Health was organized and by 1960, there were groups organized in 43 counties. It would not be until the late 1970s, however, that American consumers who had experienced mental illnesses began to take a more active role.

One of the earliest activists in the field has been New York based Irving Blumberg. Unlike almost all who discussed mental health and mental illness issues publicly early on, Blumberg was not a mental health professional, but a person with firsthand knowledge—his mother had experienced mental illness. Long before mental illness became an issue that was openly discussed in public or treated with sympathy or understanding by lay or professionals, Blumberg was insisting not only that care and services be provided, but actively advocating for humane treatment and civil rights for persons with mental illness. Blumberg was instrumental in the founding of the International Committee Against Mental Illness and has played a leading role in a number of other international

Mental illness, one of the most frequent and potentially disabling disabilities, finally began to be much more openly discussed and addressed in the 1960s and early 1970s, two decades after mental retardation began to receive public attention.

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mental health organizations, as well as representing mental health concerns to United Nations organizations.

In collaboration with the physician Nathan S. Kline, Blumberg organized and ran the first International Conference on Productive Participation Programs for the Mentally Ill in Helsinki, Finland, October 1971, as well as a number of other international conferences. In later years, he was to author the *Declaration of Barcelona on the Rehabilitation and Human Rights of the Mentally Ill* which was accepted by the World Association for Psychosocial Rehabilitation (WAPR) in 1989.

Summary of the Era 1940-1970

The era between the close of World War II and the late 1960s was one marked by a major presence of the United States in rehabilitation efforts internationally. United States ideas, technologies, publications and individuals played prominent roles throughout the era, while the United States also became the single largest trainer of professional personnel working in the disability arena. It is easy to overstate the amount of activity taking place, however.

The field of rehabilitation remained small and relatively little was being done on an international scene by any other national governments. Under such conditions, initiatives such as the United States' PL 480 programs could and easily did become major players in the field.

> *There were certainly a number of people, including many of those interviewed for this study, who were keenly aware that all types of disability had much more in common than in contention.*

The growing numbers of U.S. private and voluntary programs that addressed individual disabled groups and constituencies, when seen in retrospect, seem to have developed in a piecemeal fashion. Each organization had a mandate and a population to serve, and although groups that addressed similar issues—groups dealing with blindness or deafness for example—at times joined forces sporadically to advocate legislation or policies, both nationally and internationally, the field continued to be fragmented by the long established practice of dividing the disabled population on the basis of age, sex and specific type and sometimes origin of disability. Such divisions were present in other countries, but were often carried to further extremes in the United States, where specific charities and institutions delivered services to individuals with specific disabilities on the basis of race, ethnic or disability origin or religious affiliation.

It is not that people working on the various aspects of disability did not perceive shared problems and common interests. There were certainly a number of people, including many of those interviewed for this study, who were keenly aware that all types of disability had much more in common than in contention. The American system that encourages competition rather than cooperation to attract nongovernmental and governmental support also complicated issues. On the other hand, it was during this era that unifying forces, such as Mary Switzer's Office of Vocational Rehabilitation, the President's Committee for the Employment of the Handicapped on the national scene and the International Society for the Rehabilitation of the Disabled, and the International Council of Organizations Interested in the Handicapped on the international scene were increasingly important forums for the cross-pollination of ideas and affiliations.

In summary then, the period from the end of World War II to the early 1970s, seems to have been a period of tremendous growth with much of the energy being devoted to developing specific responses to very specific needs for closely defined and targeted groups. These developments represented significant progress; an enormous amount of groundwork was being laid. When "disability" began to be re-defined as a civil rights issue in the late 1960s, the foundation was already in place for a new and more united grassroots movement.

In many ways, 1970 is a natural dividing line between disability eras, past and present. On the Federal level, in 1967 Mary Switzer was appointed Administrator of the new Social and Rehabilitation Services—combining four previously distinct social service Departments within the new Department of Health, Education and Welfare. She now was responsible for programs serving the poor, young families and the elderly, as well as those children and adults with disabilities within the newly renamed Rehabilitation Services Administration. Her budget went from 300 million to 6 billion dollars overnight. Switzer's primary allegiance remained with the rehabilitation community; however, her attention could no longer be directed exclusively to them. In 1971 Switzer was squeezed from office, and she retired from the Federal government to take up the position of Vice President of the World Rehabilitation Fund. In

> *The international program Switzer had initiated was carried forth by James Garrett and Martin McCavitt, who, along with Joseph LaRocca, Joseph Traub and George Engstrom, were responsible for research and development.*

charge of initiating the WRF's Washington office, Switzer's clout in he capitol was still significant, and she, without doubt, would have continued to have great influence within the field. Unfortunately, however, only a short time after she began her new position, Switzer discovered that she had an advanced form of cancer. She died in 1972.

Mary Switzer's Social and Rehabilitation Services Administration did not fall apart immediately after she retired. The international program Switzer had initiated was carried forth by James Garrett and Martin McCavitt, who, along with Joseph LaRocca, Joseph Traub and George Engstrom, were responsible for research and development. These men oversaw international and national programs for a number of years, and kept PL 480 activities alive, but they faced increasing difficulties. Budget cuts curtailed their ability to conduct programs, and senior administrators were brought in as political appointees who were often far more concerned with domestic issues, or with their own career objectives than with international disability. Garrett would retire at the beginning of the Nixon Administration and start work with the World Rehabilitation Fund; LaRocca, Traub and McCavitt continued to maintain the PL 480 program despite a decline during much of that period in funding and administrative support.

Two prominent Americans whose public education efforts in the mental retardation field reverberated around the world: Pearl S. Buck (left) who wrote about her daughter and spoke out on behalf of early 1960s campaigns of the (then) National Association for Retarded Children; and President John F. Kennedy, who created the President's Committee on Mental Retardation in honor of his sister Rosemary. Above, Rosemary Kennedy (right) and Eunice Shriver (left). Photographs reprinted from ***Civilization and Mental Retardation*** *by Cliff Judge, 1987, Magenta Press, Australia.*

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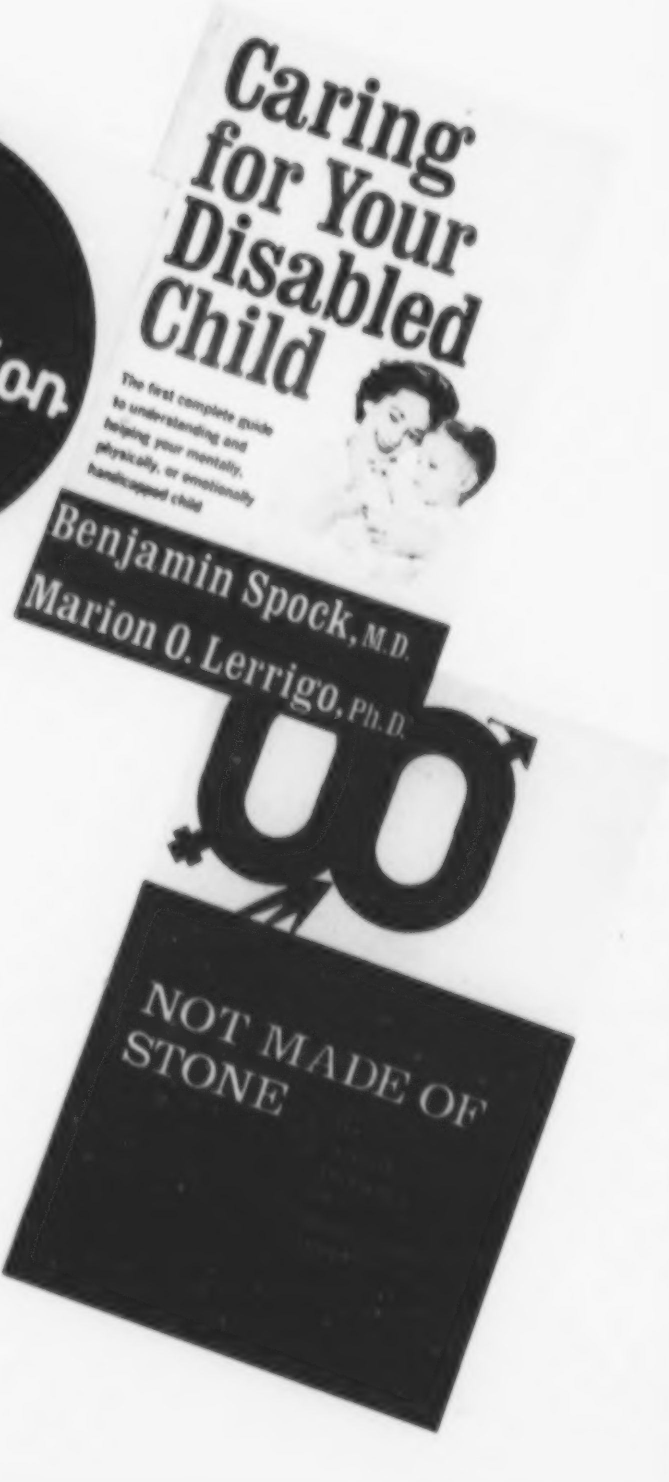
normalization

The principle of normalization in human services

WOLF WOLFENSBERGER

NATIONAL INSTITUTE ON MENTAL RETARDATION



Caring for Your Disabled Child

The first complete guide to understanding and helping your mentally, physically, or emotionally handicapped child

Benjamin Spock, M.D.
Marion O. Lerrigo, Ph.D.

NOT MADE OF STONE

A few of the more influential books in the late 1960s and early 1970s were: **Normalization** *by Wolf Wolfensberger, documenting the Scandinavian origins of this groundbreaking concept of human service delivery;* **Caring for Your Disabled Child** *by the well-known specialist, Dr. Benjamin Spock; and* **Not Made of Stone,** *translated from the Swedish, one of the first widely disseminated texts on the right of disabled persons to sexual and family lives.*

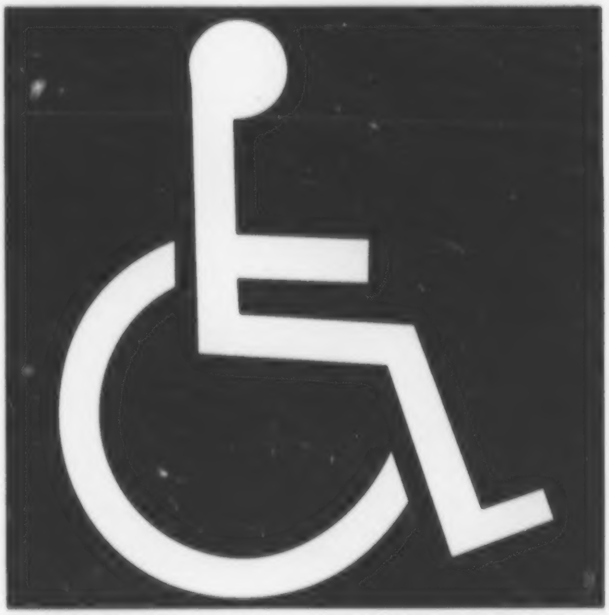
CHAPTER III

The Present: 1970-1990

The past two decades have been years of tranformation for the field of rehabilitation and for the disability community. So much has occurred that the following pages can provide only a brief overview of some of the most influential events and individuals that have played a role in the United States international disability efforts.

A review of the past two decades must also be undertaken on several levels. It is important to provide background on the people, politics and events that have been influential, but it is also important to look beyond the participants and events, to the ideas that influenced and inspired them.

> *Disability, many began to insist, was not an issue of specific medical diagnosis but a minority status, and deserved the same rights and protections granted other minority groups.*



The International Symbol of Access was created in 1969 and disseminated worldwide in 1970 by Rehabilitation International. Americans, including Mary Switzer and leaders of the (then) President's Committee on Employment of the Handicapped and the National Easter Seal Society were active in identifying the need for an international symbol. RI and its "technical arm", the International Center for Technology and Accessibility (ICTA) conducted the project to create a symbol and defined standards for its use throughout the world. In many countries, the nucleus of disability activism was first formed around accessibility issues.

The Disability Rights Movement: Cross-Disability Unification

The 1960s and 1970s were years of great social change across the nation with many minority groups coming forward to demand concrete changes in the status quo, through protest, civil disorder and consumer/voter power. The social unrest that reached all corners of American society sparked action in the disability community as well. Some disabled individuals who had been divided on the basis of their specific disabilities into distinct constituencies, (and often placed in the position of vying for what little public support existed), began to argue that their shared concerns far outweighed their perceived differences. They argued that no matter what type of disability an individual might have, most now dealt with common problems: their lives were structured and their options determined by complex medical, legal and educational bureaucracies; by a social security system not really designed to serve those individuals with disabilities who wanted some measure of independence and self-determination; and by the broader society where prejudice and stereotypes were still widespread. Many disabled Americans realized that they were dealing with issues analogous to those of other minority groups. Disability, many began to insist, was not an issue of specific medical diagnosis but a minority status, and deserved the same rights and protections granted other minority groups.

With this shift in perception came a new activism. Much of the methodology and the formulas for action, both in North America, Europe and elsewhere were patterned after minority movements of the late 1960s and early 1970s, such as the Civil Rights Movement in the United States, the student protests and the international women's liberation movement, and the Gay Rights

1977 White House Conference on Handicapped Individuals

The 1977 White House Conference on Handicapped Individuals was held May 23-27 in Washington, DC. It was called for by the Rehabilitation Act Amendments of 1974. President Jimmy Carter appointed Mr. Henry Viscardi as Chairman, who administered a process that brought together 3700 people from all states and territories. Delegates were selected from pre-conference state and local meetings according to the following formula: 50% individuals with disabilities, 25% parents or guardians and 25% representatives of service delivery organizations. Shown above are President Carter, Hank Viscardi and an interpreter for deaf delegates.

Movement. By the mid-1970s numerous organizations run for and by people who were themselves disabled had been founded to address political, economic and social concerns, and these were indreasingly worked in close cooperation with one another. It was a social movement that came to be collectively known as the Disability Rights Movement or the Independent Living Movement.

> *The philosophy that people with disability are equipped to direct and control their own lives, challenged the paternalistic role not only often assumed by 'society-at-large,' but also by many rehabilitation professionals and organizations.*

Activism within the disability community was not new. Regional, national and international organizations of deaf and blind people that have existed since the 19th century, and these groups frequently took stands that were quite radical for their time and place. Nineteenth century organizations of deaf persons, for example, battled unsuccessfully for decades to keep Sign Language in deaf educational curricula. (By the 1850s, deaf activist John Flourney became so enraged at the lack of rights and respect accorded deaf Americans that he campaigned to have Congress allocate lands in the newly opened American West for a commonwealth exclusively for deaf adults and their families). At various times, groups such as disabled veterans, parents of mentally retarded children, blind adults and many more had marshalled considerable monetary and legal backing to ensure that specific programs be established or legislation passed on a local or national level.

The Disability Rights Movement however, had a new and unique aspect to it that marked it as different from all preceding efforts. For the first time there was significant and on-going cooperation among many disabled groups and individuals. This new and increasingly united front gave the entire movement an unprecedented strength. The central concept behind this new movement was very straightforward: in both the charity model and the medical/rehabilitation model, the individual with a disability is seen as a passive recipient of care rather than as an active participant in the process. Now individuals who were disabled began to openly advocate for far more independent roles in society, and a much greater say in organizations established and decisions made on their behalf, and organizations run by and for disabled individuals began to be formed.

The philosophy that people with disability are equipped to direct and control their own lives, challenged the paternalistic role not only often assumed by 'society-at-large,' but also by many rehabilitation professionals and organizations. Voluntary organizations established to assist people with disabilities were now asked by advocates in the disability community to include individuals with disabilities in decision-making capacities; to shift from being organizations *for disabled persons*, to being organizations *of disabled persons*. Rehabilitation specialists who were not disabled were asked by disabled consuemr groups to shift from the role of decision maker to that of technical advisor. Some organizations and non-disabled experts are accepting these challenges better than others.

Many organizations reoriented themselves significantly during these times, others paid lip service to the new ideas, and although they would add a few individuals with disabilities to their Boards, staffs or committees remained substantially unchanged. Some organizations ignored the new ideas and carried on as usual.

It is not surprising that American disability activists were strongly involved in the very earliest stages of this movement. Ideas of independence and self-determination resonated well with other social movements then gaining momentum in the United States.

A new international perspective also emerged, as American advocates increasingly incorporated innovative ideas from other countries into their approaches. The new activism in the U.S. is reflected in changes in national legislation, the restructuring of some organizations to enable increasing input from disabled leaders, the rise of new 'disability run' organizations, and an increasingly better educated public. Activity on an international level was reflected in significant attention to disability issues by the United Nations and its affiliated international bodies.

United States-Based International Work

In the past 20 years, the American disabled community has undergone a revolutionary transformation. Individuals and groups, although often differing over specific ideas and approaches, have united to form an extremely effective and coherent social movement. However, this era of intense growth and change domestically was, at the same time, a period of withdrawal and diminution of many United States activities on the international scene. Part of the slowing of international activity can be traced to changes of priorities with increasing amounts of attention being focused on disability issues on the national level. Concurrently, there was an overall diminution of funds for social programs in general throughout the government system. For many advocates and administrators, it became important that the U.S. put its own house in order before expanding work on an international scale. Certainly, there was some activity and a number of significant programs and events that deserve mention, but there was little coordinating of efforts towards disability internationally, such as there had been in Mary Switzer's time.

It is important to divide the field into several distinct areas during this time period: those working on international projects sponsored by the United States government, activities sponsored by international voluntary organizations that had already been long active in the field, and activity by new groups concerned with international disability work run by disabled individuals themselves. Finally, work done by organizations with which the United States was affiliated, such as the United Nations, the World Health Organization and the International Labor Organization must also be considered.

While most industrialized countries built up their international research exchange and development aid programs in the disability field during these decades, the United States programs lost ground.

International Disability Activities within the United States Government

The United States government, primary agent of direct and indirect funding for international rehabilitation and disability outreach programs in the 1950s and 1960s, went through a period of retrenchment that affected many social programs in the 1970s and 1980s. While most industrialized countries built up their international research exchange and development aid programs in the disability field during these decades, the United States programs lost ground.

There were several reasons for this. Within the Federal government, international rehabilitation programs had historically depended upon individual leaders who developed a strong and continuous personal commitment to the field. An administrator such as Mary Switzer or James Garrett understood the significance of rehabilitation, linked it to broader United States interests and was able to actively campaign for its incorporation into international policy planning and aid programs. There was, however, no unified lobby or interest groups within the government to speak

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on behalf of international rehabilitation/disability issues or projects. Because the programs were tied to individuals, a change in personnel often meant a substantial reduction in the importance (and funding) available for international work. As funds for all social services were reduced in the 1970s and 1980s, national programs took priority, and international projects were slashed to free up funds for programs that addressed domestic needs.

This was compounded by the fact that funding and location of international rehabilitation work had been placed within Departments responsible for programs of an essentially national nature. Despite that international work was clearly mandated (within 202(4)(6), the Rehabilitation Acts of 1973 and 1978 amendments, the emphasis has remained concentrated on national programs. What little Federal attention to disability had been allocated has usually been with disability prevention efforts undertaken through child health initiatives under U.S. AID and other agencies. Far less attention has gone to serving children and adults who already have a disability.

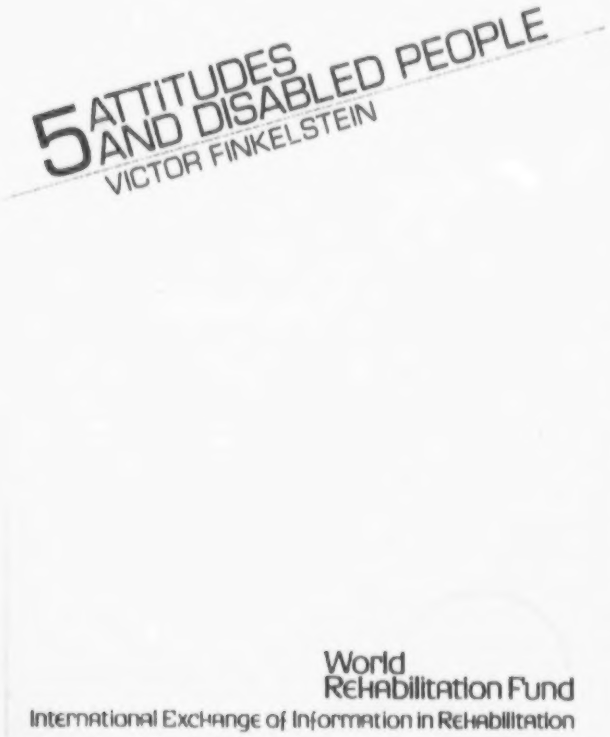
> *The lack of attention to international issues has been compounded by the numerous administrative changes that have occurred.*

The lack of attention to international issues has been compounded by the numerous administrative changes that have occurred. For example, Switzer's original Office of Vocational Rehabilitation became part of the Social and Rehabilitation Administration and then, in another reshuffling, was placed within the Office of Human Development, the program itself having been renamed the Rehabilitation Services Administration (RSA) Research Wing. Moved again in 1977 from with the Department of Health, Education and Welfare to the new Department of Education, it became the National Institute of Handicapped Research (NIHR) and recently was renamed the National Institute on Disability and Rehabilitation Research (NIDRR). Its mandate and reporting chain changed slightly or significantly at each restructuring.

The 1975 appointment of Ed Roberts by Governor Jerry Brown as the first disabled Director of California's state rehabilitation services was a beacon of the growing influence of the young independent living movement. Roberts, a founder of the first Center for Independent Living in Berkeley, was once rejected by this same state rehabilitation agency having been assessed as unemployable. His "Horatio Alger success story" and his vision of an international independent living movement earned Roberts speaking invitations around the world.

For example, NIDRR is located within the Department of Education, while within the federal system, international aid, including links to the United Nations, are carried on largely in conjunction with the State Department. Until now, the State Department has had few connections with or responsibility for disability/ rehabilitation issues, and few who can advocate on their behalf. Had the original Office of Vocational Rehabilitation been affiliated with the State Department or the Social Security Administration, the international aspects of its programs may well have fared better in the interdepartmental realignments that are continually part of Washington bureaucracy. NIDRR is currently designated the central federal agency to support disability research. Given its mission and its location within the Department of Education, it is often difficult for NIDRR to pursue as wide a range of international programs, as did the original Office of Vocational Rehabilitation under Mary Switzer. Nor is it administratively easy for it to take the lead in organizational or United Nations related matters.

Many industrialized and many other nations have a mechanism to involve their education, labor, social security, health, veterans and foreign ministries in support of their domestic disability council (or office or disability minister), which also has responsibility for international outreach. Such a multi-agency approach would be a valid approach for the United States government role. Among United States agencies with an international focus, only the Peace Corps has identified services for disabled persons—particularly special education and rehabilitation as a major role. Funds for international programs from other federal agencies, have been assigned on a project by project basis, rather than allocated as part of well planned, on-going programs. Despite its constraints, NIDRR has supported a number of programs over the past two decades that have produced noteworthy results for international disability projects.



5 ATTITUDES AND DISABLED PEOPLE
VICTOR FINKELSTEIN

World Rehabilitation Fund
International Exchange of Information in Rehabilitation

An early World Rehabilitation Fund monograph by Victor Finklestein, disability activist from Britian, who explores the thesis that "disability" is a social construct, characterized by oppressive social relationships.

International Efforts Undertaken through NIDRR

United States government support for international disability work in the 1970s and 1980s, was primarily centered in the National Institute for Handicapped Research, now NIDRR. NIDRR maintains several international projects, as well as support for a number of national research programs. Some of these international programs are of long-standing. For example, a vestige of PL 480 remains and is being revived, with work currently on-going in Egypt and with the government of India developing services for persons with disabilities in rural communities. The Indian project has been supported by two 5-year research programs, the second beginning in 1990 under the direction of Paul Ackerman.

In addition, NIDRR has awarded two $200,000, 3-year grants to expand exchange of research and experience capacities of non-governmental international rehabilitation organizations. The original grant initiated in this program dates in 1978 for the support of the International Exchange of Experts in Information in Rehabilitation Project, initiated under the World Rehabilitation Fund. A second, he International Disability Exchanges And Studies (IDEAS) Project, is administered by the World Institute on Disability in collaboration with Rehabilitation International. Currently, the World Rehabilitation Fund grant focuses on research in Africa, Asia, the Pacific Basin and the Middle East. The World Institute on Disability/RI efforts concentrate on Canada, Europe, Latin America and the Caribbean.

UCIR

Also of note in an overview of recent federally funded international support initiatives was the almost decade long support for the Michigan-based University Center for International Rehabilitation (UCIR).

The University Center for International Rehabilitation (UCIR) was established at Michigan State University in 1976, and remained in operation until 1985. This facility was intended to serve as a university-based, international think tank, providing an environment for the serious study of policy issues and concerns relating to national and international disability issues.

The concept behind UCIR was a good one. At that time, it was the only academically based program anywhere in the world dedicated to coordinating cross-cultural and international rehabilitation and disability research between dis-

Judy Heumann (center) was active in identifying the goals of the Women's Caucus at the 1977 White House Conference on Handicapped Individuals. Heumann was one of the first American disability rights advocates to envision the international possibilities of the independent living movement and began working with disability groups in other countries in the early 1970s.

ciplines, organizations and among academic institutions. As an academic center, it was intended to provide a forum for investigation, critical thinking and policy analysis. Thoughtful reflection and summation of activity and research in the field would, it was hoped, draw together international disability work into a better defined discipline, a body of knowledge that could and would coherently be passed on to the next generation. Additionally, as a university based program, it was, at least theoretically, intended to be removed from some of the continual scrambling and realignments found in the political arena.

UCIR attracted a considerable number of American students as well as many foreign scholars, and some outstanding research, meetings and publications resulted. Unfortunately, the center itself began on shaky ground. It did not arise through a common mandate among the leading organizations and experts in international development and rehabilitation. Rather, the program was conceptualized by John Jordan, a professor from Michigan State University.

Jordan persuaded his local Congressman to sponsor a bill allocating money for the Center, and the legislation, slipped into a larger bill, sailed through Congress. Money was appropriated for the Center before others in the field of international rehabilitation even knew of its existence and Jordan was named the Center's Director. Although Jordan had done some work with rehabilitation in Costa Rica through the Partners in the Americas, he was not well known in the field, and was anxious to establish himself and his Center as the focal point around which much of the United States' international policy would turn.

Without much advanced warning however, individuals and groups who had worked on rehabilitation internationally for decades, often surviving on shoe string budgets, were asked to coordinate their efforts with a comparatively well-funded newcomer, who had little to offer them in return. Organizations that had worked for years to establish international networks and individual public and private colleges and universities with on-going reciprocal research and training projects, had put time, money and energy into developing these. They were not willing to simply give them away. Jordan named his new program the International Rehabilitation Special Education Network (IRSEN), but he remained Director only briefly. Despite the able guidance of the project's second Director, Donald Galvin, who changed the program's name to UCIR and solidified its objectives, the program simply did not have the seniority and stature in the field to effectively marshall forces. At the end of two grant cycles, the funding agency, the Department of Education decided to allocate dollars elsewhere.

Additional Rehabilitation/ Disability Work through other Government Agencies

AID

There are other large agencies within the federal government that currently are, or have in previous years, funded programs that relate directly or indirectly to disabled populations. Perhaps the most prominent of these is United States Agency for International Development (US AID). AID has no legislative mandate to address disability or rehabilitation issues, and generally does not weigh disability issues heavily in its regular bilateral programs. However, over the years it has provided millions of dollars in assistant to projects concerned with disability in the Developing World.

In addition to these, some AID funds have been channeled through private voluntary organizations. For example, a half-million dollar grant for education and rehabilitation of blind individuals is being funded by AID and administered through Helen Keller International as a demonstration project in Thailand and some support has been given to Goodwill for vocational rehabilition projects in English-speaking Africa. The World Rehabilitation Fund has received regular and increasing support for its specific rehabilitation projects and training seminars over the past decade. For example, with US AID funding, the World Rehabilitation Fund began a training program for war injured civilians in the Lebanese Civil War. Initiated and run by James Garrett and Joseph LaRocca, the program established a Rehabilitation Center in Cyprus for Lebanese civilians from both sides of the fighting. In the spirit of building bridges through rehabilitation, the program has expanded to include Greek and Turkish Cypriots.

In 1989, US AID also began to receive $5 million annually through Congress specifically to be used in assisting civilian victims of civil wars. This program, under the direction of Joseph LaRocca, has delivered through services and training to countries including Uganda, Mozambique and Laos. The legislation initially limited funding to providing artificial limbs, but in 1991 it was expanded to include medical and related assistance, as well as vocational rehabilitation and training.

In addition, US AID supports a wide array of local and national economic development projects throughout the Developing World. A number of these help to raise the standards of living for disabled individuals as participating members of the society. However, an improved economy or greater social and economic productivity for members of a community does not automatically translate into a better life for disabled members of that community, who may not be included in the improved prosperity.

Congressional Support of Development Activities

In addition to the support for international development provided directly by US AID, the Inter-American Foundation, established by Congress in 1969 as a public corporation supporting self-help and poverty in Latin America and the Caribbean has dealt with disability-related matters. The Inter-American Fund responds directly to requests for assistance from local and private grassroots organizations. Over the past two decades, the Inter-American Foundation has supported some 22 disability-related projects in 15 nations. A similar program, still small, has more recently been established by Congress for Africa. Called the African Development Foundation, it began operating in 1984.

Peace Corps

In many countries, the Peace Corps has been an important player in introducing and supporting disability and special education programs and projects. Although Peace Corp efforts in the disability arena are of note, they have been and continue to be relatively small in size and scope. Currently, there are some 150 Peace Corp volunteers (most of whom are not themselves disabled) working in 14 countries on disability issues (GAO:1991:25).

Inter-regional Cooperation

Regional organizations are also assisting in disability related activities in various developing countries. In Latin America for example, the Organization of American States (OAS) has for the past few years been active in special educational programs and rehabilitation training.

Since 1969, over 20 Latin American and Caribbean countries have benefitted from special education and vocational rehabilitation programs sponsored by the Organization of American States. Although the OAS programs have been generally small in size and scope, they have provided an initial introduction to disability issues for many and helped to foster regional networks and training. The first regional meeting to discuss current and future needs for the region was held in March 1991 and brought representatives from throughout Latin America, the Caribbean basin and the USA to discuss a number of small community-based projects.

NGOs in the 1970s and 1980s

The 1970s and 1980s were years of significant change within national and international non-governmental organizations dedicated to disability issues. Much of this change revolved around disability rights issues, as individuals with disabilities themselves demanded to participate at all levels within these organizations. Indeed, many programs were redesigned to meet the needs of disabled individuals as they prioritized them, rather than as able-bodied people had designated them.

Americans with disabilities were not entirely absent in many organizations prior to the 1970s. Interestingly, a number of the leading figures in government and private voluntary organizations in the 1950s and 1960s, such as James Garrett, James Burress, were themselves disabled. But many of these leaders viewed themselves as administrators or educators first, well enmeshed in professional networks, and often seem to have personally identified more with their professional colleagues who were running programs and less with the disabled persons their programs set out to serve.

In part, this reflected the tenor of the times. There was relatively little emphasis on or empathy with consumer advocacy. Professionals who were themselves disabled, while often relying on their own experiences as individuals with disabilities to identify issues and design policies, would frame their ideas and proposals in a professional format that would allow these to be introduced easily at an organizational level.

In addition to professionals who were disabled, a number of active and exceptionally effective advocates laid the groundwork for much of what was to follow. Henry Viscardi and Harold Russell for example, were prominent advocates with regular access to the mass media and the general public. Paul Strachan, Jacob ten Broek and many others raised disability-related issues in front of legislatures, professional societies and in academic arenas. However, in the 1970s and 1980s, the number and diversity of individuals with disabilities speaking up for self-determination and equal rights, began to soar. The following are some of the significant highlights of the past two decades within U.S.-based international organizations:

The World Rehabilitation Fund

In 1978, James Garrett was retired from his federal post and became Executive Vice President of the World Rehabilitation Fund. Garrett worked closely with Rusk, designing programs and developing ideas. As Rusk gradually retired, Garrett took over much of the administration and im-

Jim Garrett (far right) listens to Gerben de Jong (standing) and Adolph Ratzka (seated) discuss the implications of Ratzka's World Rehabilitation Fund monograph on personal assistance services for disabled people in Sweden. This meeting was one of an on-going series of WRF seminars to disseminate findings of its international fellowship and monograph program, founded by Garrett.

plementation for World Rehabilitation Fund activities. Garrett continued the medical orientation of the Fund, as well as undertaking new projects, such as national and regional surveys. Utilizing his first-hand knowledge of the U.S. federal government, Garrett was instrumental in obtaining some funding from US AID and other federal agencies for rehabilitation work. He oversaw major projects in Lebanon, Cyprus, Oman and a number of other countries, often with the assistance of his long time colleague, Joseph LaRocca.

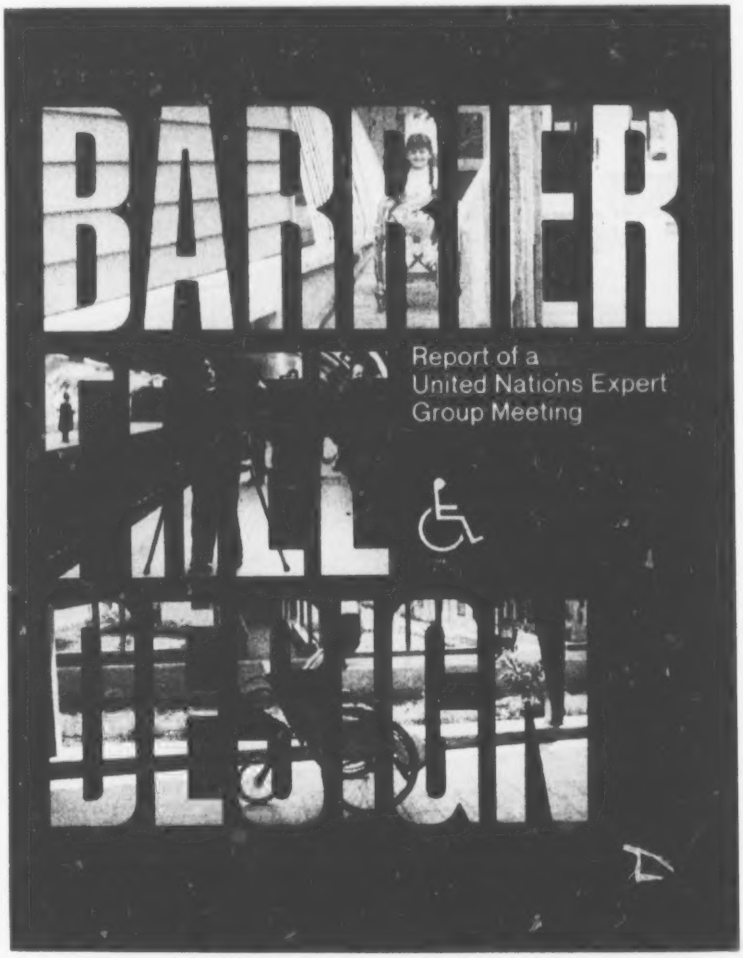
Under Garrett's leadership, several World Rehabilitation Fund Regional Training Centers in Prosthetics and Orthotics were established. Centers, located in Taiwan, India and Brazil, offer courses in prosthetics and orthotics to health personnel from throughout these regions. In addition, the World Rehabilitation Fund with Garrett's leadership helped to develop physical therapy and occupational therapy programs for these areas.

Garrett was also responsible for the development and implementation of the International Exchange of Experts in Information in Rehabilitation project begun in 1978. The grant itself was written by Leonard Diller, Chief of Behavioral Sciences at the Rusk Institute. Diane Woods was brought on board in the late 1970s to run the projects and has continued to oversee the exchange ever since. Under Woods' guidance, the program has expanded to include not only professionals interested in specific aspects of disability, but also an increasing number of disability advocates interested in the historical, social and policy aspects of disability cross-culturally.

International Society becomes Rehabilitation International

In 1967, Norman Acton was elected the new Secretary-General of the International Society, replacing Donald Wilson who had held that post since 1951. Acton had served as Assistant Secretary General in the early 1950s and in the intervening years, had directed first the American Committee for UNICEF and then, the World Veterans Federation in Paris. When Donald Wilson called Acton to let him know he was soon to

One of Norman Acton's more far-reaching initiatives was the joint UN and RI project to organize the first international experts meeting on barrier-free design and widely disseminate its findings. The resulting report served as the seminal international reference in this field for many years and was a catalyst for numerous national barrier-free design laws and projects. The meeting took place in 1974 in New York and the report was published in 1975.



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leave the International Society to become the new Director of the Leonard Wood Memorial Leprosy Fund, he had asked Acton whether he was interested in applying for the open position of Secretary-General. Acton said he was definitely not interested. Arriving at the opening reception of the World Congress in Weisbaden several weeks later Acton found himself being heartily congratulated and soon learned that he had been elected the new Secretary-General. Despite his initial misgivings, after discussion with Gudmund Harlemof Norway, then the President of the International Society, Acton agreed to take the position.

In 1968, Acton conceptualized and conducted the first world-wide census on disability, producing the widely quoted United Nations sanctioned estimate of 450 million.

Acton joined the staff in New York the following year, ably supported by Dorothy Warms, who served as Deputy Secretary General from 1960 until her retirement in 1972, and on whose shoulders was placed much of the daily responsibility for the running of the Society. They soon acquired two additional staff members. Susan Hammerman, who had recently returned from a stint with the Peace Corps in Nepal, was referred to Dorothy Warms as a possible assistant. Dorothy Warms hired her in 1969 and was soon relying on her organizational and diplomatic skills. In 1970 Barbara Duncan, who had recently graduated from college and moved to New York, joined the staff to edit publications and organize information.

Acton found a Society much different from the one he had left years earlier. On much firmer footing financially, and with a large and growing international membership, the Society had become an established force within the world rehabilitation community. Poised on the brink of the Disability Rights Movement, it also would expand to become a more truly international organization as European and non-aligned nations began to challenge the American domination of international non-profits that had often characterized the 1950s and early 60s.

An indication of the speed with which the field of rehabilitation had been changing can be seen even in the name changes the International Society underwent. In 1960, the International Society for the Welfare of Cripples officially became the International Society for the Rehabilitation of the Disabled. By 1960, the term "Cripples" was no longer acceptable, and "rehabilitation" was far more acceptable (at least to non-disabled individuals) than "welfare," which had a strong air of 'charity' about it. By 1970, however, the new name for the Society was already outdated. An organization for the rehabilitation of the disabled had paternalistic overtones that were beginning to become increasingly out of sync with the new activism within the disabled community.

In 1972, Norman Acton was responsible for another organizational name change, this time to Rehabilitation International.

During Acton's tenure as head of Rehabilitation International the Society expanded in two arenas. The first was in the efforts made to broaden the participation in, and orientation of RI to reflect the concerns and concepts of disability cross-culturally. In the 1950s and 1960s, work on disability and rehabilitation was largely defined in medical terms. Under Acton, and continuing on under Susan Hammerman, emphasis was placed increasingly on assessing the status and needs of disabled populations cross-culturally and on the broader social policy implications of disability.

During his time as Secretary General, Donald Wilson had established a number of technical or medically-oriented committees to foster working networks on specific issues. Under Acton, these committees were assisted to develop into full-fledged organizations in their own right. Thus, independent organizations such as the International Society for Prosthetics and Orthotics based in Denmark and the International Society for Cerebral Palsy based in England were spinoffs of groups originally organized within RI.

In 1968, Acton conceptualized and conducted the first world-wide census on disability, producing the widely quoted United Nations sanctioned estimate of 450 million. Among the other significant activities carried on during the 1970s and 1980s were major RI-organized, UN-sponsored conferences on barrier free design, the economic and social consequences of investment in rehabilitation; and the first international conferences on legislation concerning disabled peoples, (the first in Rome in 1971, the second in Manila in 1978). Work done through Rehabilitation International allowed clarification and reconceptualization of disability-related issues for UNICEF, UNESCO, the United Nations Development Program (UNDP), and the United Nations General Assembly. Indeed, it was during the 1970s and 1980s, the central role of Rehabilitation International as a clearinghouse for all types of disability related materials, information and networking, became well defined. The organization served to gather and assess materials for a full range of United Nations activities as well as being a source of information and ideas for other multilateral and bilateral disability programs. (The concept of placing Rehabilitation International in the center of a disability network and using it as a clearinghouse and focal point of an international network was something that both Edgar Allen and Bell Greve had long envisioned as a particularly important aspect of the organization).

Emphasis was not only placed on arranging for meetings and conferences. Increasingly, interest and emphasis within the Society was directed towards addressing the issues and concerns raised by activist disabled individuals and groups, who were beginning to organize and protest in both North America and Europe. New groups of disabled advocates were coming of age in the 1970s and 1980s. A significant number of these new advocates had been trained in established professional programs, although some felt alienated from their professional group and no longer participated in professional networks. These were grassroots activists. Some argued that many organizations working of behalf of populations of disabled people did not have a history of listening carefully nor of being responsive to the most pressing of their concerns. Many activist groups also found that some of the long-established organizations were dominated by professionals who were not accustomed to participating on an equal basis with persons with disabilities, but to making decisions on behalf of "patients" or "clients" or "benefit recipients".

The late Liam McGuire, leader of the Irish Wheelchair Association, and Diane Latin of the U.S. President's Committee on Employment of Persons with Disabilities in 1976 at RI's 13th World Congress in Israel. McGuire, an early disability rights advocate, warned the Congress about disabled people's growing dissatisfaction with the dominance of the service providers' influence on the disability field and inaccessibility of disability conferences.

Rehabilitation and the New Disability Rights Movement

In conjunction with this activism, a new international network began to crystalize. Traditional links with institutions, organizations and professionals in medicine, vocational rehabilitation and education were often bypassed. Disabled people and organizations began to establish direct links between disabled advocacy groups in the international arena. More than ever before, disabled individuals and leaders were talking directly to one another, exchanging ideas, and supporting new legislation. Although long established national and international organizations were often turned to when funding was required for specific projects, when help was needed to initiate new ideas, or to sponsor meetings where new networking could take place, disability activists insisted they have the final say in what occurred. It was an era of realignments, and it would take some

The change in focus between the old and new guard begun in the early 1970s was a challenge to many on both sides of the fence.

time for an organizational framework to begin to develop within these new networks.

The change in focus between the old and new guard begun in the early 1970s was a challenge to many on both sides of the fence.

The new emphasis on self-determination proved to be disturbing to some professionals who believed that they knew what was best for people with disabilities, and who argued that their professional expertise and ability to view disability issues with some detachment, were assets. Such individuals often responded to the new movement with reserve, feeling their professional careers and credibility were being questioned. Other professionals listened carefully and were open enough to begin to rethink many of their most basic assumptions. (Interestingly, several of those interviewed for this monograph now recall that the systemic shifts that occurred in the 1960s and 1970s, left them deeply troubled by their inability to see obvious problems or inequalities in the earlier era). And a number of non-disabled professionals initially welcomed the disability rights movement, only to grow increasingly uncomfortable with the movement as stresses mounted and the power base began actually shift under them and their colleagues.

The growing rifts between many who advocated self-determination, and those non-disabled professionals who were in charge of organizations dedicated to serving various disabled populations, was most apparent in the United States, Scandinavia and Western Europe. Throughout the 1960s and 1970s, stresses between the two camps were building.

The growing dissention within the ranks brought with it increasingly heated debate. The Rehabilitation International World Congress in Winnipeg in 1980 proved to be a convenient forum to air a number of grievances.

The Winnipeg Congress: 1980

In a sense, Rehabilitation International's 14th World Congress in Winnipeg was a very successful meeting. It was, for many in the disability rights community, the first major meeting that allowed a great deal of international networking to take place; it gave rise to a new disability-run international advocacy organization and it certainly helped the various factions represented to define positions.

Interestingly, it was the first International Congress in which Rehabilitation International had purposely arranged for a large number of the leading international figures in the disability rights movement to speak or attend. A number of travel grants and fellowships had been arranged, with the hope that new international networks among disabled activists and between disabled activists and professionals in the field would take place. Over 250 disability advocates from around the world attended the Winnipeg meeting. By the time Rehabilitation International officials arrived in Winnipeg, however they were fairly certain that there was a confrontation brewing.

It was, by all accounts a stormy meeting. Dissention could be traced at least as far back as the mid-1970s, primarily with the Swedes, the Dutch, the Danes and some British, who began to insist upon a larger representation of disabled people in Rehabilitation International governance. Rehabilitation International leadership under Norman Acton agreed to do this, but felt the change in leadership should be made gradually. The Swedish delegation proposed an amendment to the Constitution of Rehabilitation International that would have immediately required a majority of the voting delegates be people with disabilities. After heated discussion both behind the scenes and on the floor, the amendment was voted down by a large majority.

A decision was reached by some of the most adamant of disabled delegates that a separate, disability-run forum was needed.

There remained however, a real air of dissatisfaction among many at the Congress: some able-bodied participants felt their years of work on behalf of disability issues were not appreciated, and many participants with disabilities felt they were being shut out of an organization which was being run for, but not yet, with or by them. Senior Rehabilitation International staff, under the guidance of Norman Acton were able to hold the conference together, but clearly, some issues needed to be addressed.

A decision was reached by some of the most adamant of disabled delegates that a separate, disability-run forum was needed and that an organization should be established in order to provide an international network of disabled people's organizations. Among the most influential and outspoken were Liam McGuire from Ireland, who wrote many of the declarations for the group, Ed Roberts, already well known for the Berkeley Center of Independent Living and Lex Friedan, a leading figure in the independent living movement from Texas, Eunice Fiorito, of the American Coalition of Citizens with Disabilities and Gini Laurie, editor of *Rehabilitation Gazette*. Also heavily involved were Henry Enns and Jim Dirkson, both from the newly established Canadian Coalition of Provincial Organizations of the Handicapped (COPOH); Ron Chandron Dudley from Singapore, and Bengt Lindquist from Sweden, who later became that country's Minister for Family Affairs.

The splinter group framed a constitution and established a new international organization that would prove to be a workable entity, originally called the World Coalition of Disabled People and later Disabled Peoples' International. Despite ongoing contact between RI and the new group, it would be some time for many before the rifts that came to the surface in Winnipeg would diminish.

Disabled Peoples' International

With strong backing from groups in Sweden and Canada, Disabled Peoples' International was formed as a separate organization to act as the voice of people with disabilities and their organizations throughout the world. Eighteen months later, the First World Congress of Disabled People's International drew some 400 participants to Singapore. Disabled Peoples' International has become, over the past decade, an extremely effective organization in its own right and now represents disabled people's groups at the United Nations. With its primary base in Canada, it now speaks for thousands internationally and receives support from several European governments, from the Canadian International Development Agency and from private contributions from around the world.

United States support for the U.S. affiliate of Disabled Peoples' International, in this past decade, similar to support for all international disability issues, has been at a level far lower than that assumed by other industrialized nations. In each case, internationally experienced Americans are supportive and active, but organizational, governmental and foundation support is difficult to locate.

In 1991 Disability International USA was formed officially with the involvement of approximately 15 of the leading disability rights advocates and participated actively in the 1992 World Congress of DPI in Vancouver.

> *It has increasingly become a crossroads of international research and discussion, and in a short time, a major presence in the world of international disability and rehabilitation.*

World Institute on Disability

Another significant organization run by people with disabilities was the World Institute on Disability, established by Ed Roberts, Judy Heumann and Joan Leon in 1983. The original seed money for the Institute was the MacArthur grant that Roberts had received, with future funding coming from private, state and federal granting agencies. From the outset, the Institute was intended to be an internationally-focused policy institute and think tank run by and for people with disabilities, which would address major issues such as independent living, attendant care and the demographics of disability. A central concern was not only to address research and policy issues that were of importance to the disabled population, but also to pursue these issues from the point of view of those who have disabilities.

The Institute has grown and expanded over the years, and emphasis has been placed on an increasingly broad range of educational, vocational, social and legislative issues of direct relevance to individuals with disabilities.

From the outset the Institute maintained an international focus, although much of its work is on issues of concern within the United States. It has increasingly become a crossroads of international research and discussion, and in a short time, a major presence in the world of international disability and rehabilitation.

Additional Work by United States Based NGOs

It is difficult to do more than list many of the additional international disability-related work done by United States based nongovernmental organizations. The recently issued GAO Report on "Assistance to Disabled Persons in Developing Countries," provides a solid comprehensive overview of current activities in the field. (GAO:1991). There were a number of projects, many bilateral in nature that might be noted. For example, the California-based Hesperian Foundation has run

Project PROJIMO, a rehabilitation project in rural Mexico, for many years, and the work has been disseminated further through a number of outstanding publications, including the recent book, *Disabled Village Children*. Research initiatives also continue to significant. For example, the Carroll Center for the Blind undertook an international review of aid and techniques for the blind in the early 1980s, with funding for the project being provided by NIDRR.

Among the independent multilateral organization of note, Goodwill and Partners of the Americas have been, and continue to be, active. Goodwill Industries of America, Inc., has been active internationally for decades, supporting programs that encourage and develop vocational training and counseling.

For example, with the coming of the 1970s, the long tradition of activism within the deaf community that had been suppressed for decades began to revive, and a strong sense of community prevailed.

Another example of an active multilateral American-based organization is the People-to-People Program's Committee for the Handicapped. In 1956, President Eisenhower established the People-to-People Committees to promote private voluntary exchanges. Its Committee on the Handicapped, although not a government agency, has obtained funding from NIDRR to support much of its disability related voluntary activity. It has been particularly active in sponsoring numerous projects in special education, vocational rehabilitation resource center development and teacher, therapist and technician training.

The private NGO, Partners of the Americas, has also actively supported direct service development projects to the very poor in Central and South America and the Caribbean basin. Established in 1966 and based in Washington, DC, it has long identified rehabilitation as a primary concern.

Helen Keller International is an example of a disability-specific, U.S.-based organization that has been very active over the past several decades. Located in New York, it sponsors blindness prevention programs and service and technical aid programs to blind individuals around the globe. The recent international program begun at Perkins School by Larry Campbell (formerly of Helen Keller International), with funding through the Hilton Foundation, is an example of the innovative new disability research and training exchanges taking place.

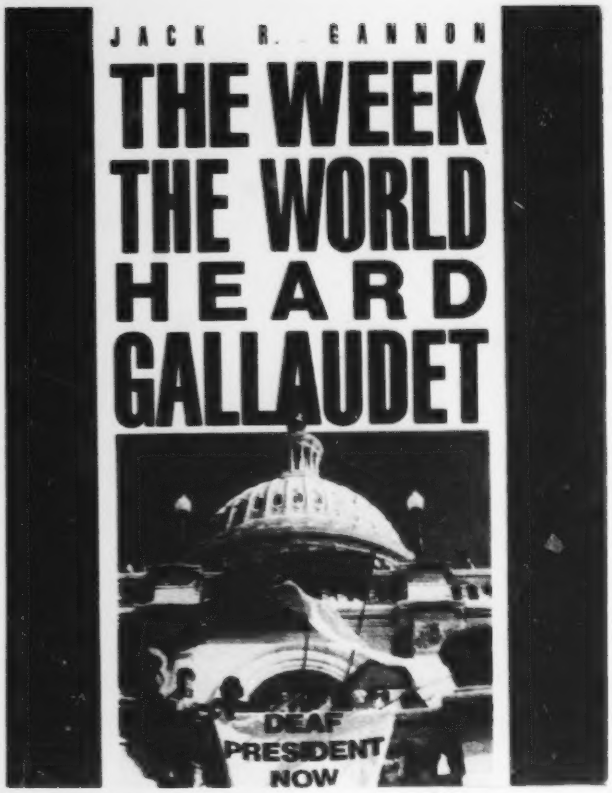
Some professional groups, such as the International Rehabilitation Medicine Association, promote the regular exchange of physicians and surgeons, as do a number of U.S.-based overseas health and child welfare groups, whose programs and projects serve some disabled individual (although many such programs do not specifically taret such individuals.)

There have been other initiatives, often based on individuals with specific interests and expertise. An example is The Healing Community, run by Harold Wilke, a minister in the United Church of Christ. Wilke had worked as a university chaplin and church minister before becoming a senior church administrator. Although Wilke, who was born without arms, had never considered himself limited by his own impairments, by the early 1970s the growing disability rights movement had begun to make him rethink many of his most basic assumptions about himself and the church. Wilke became increasingly concerned with the fact that individuals with disabilities were, too often, disenfranchised members of religious congregations. In 1975, Wilke left his administrative job to begin The Healing Community, an organization dedicated, in large part, to the task of convincing religious communities to accept and include people with disabilities in substantive ways. Over the past decade and a half, Wilke has lectured and advocated worldwide in an attempt to bring disability issues to their attention.

Disability and Heritage

While cross-disability cooperation is a hallmark of the era, it must also be noted that many groups of individuals with specific disabilities, also are using this period for further self-awareness and development of a growing appreciation of their specific heritage. Numerous groups organized around distinct disabilities or combinations of disabilities and race, religion, sexual orientation and so forth, have come to the fore; the groups holding in common the attempt to foster a better informed constituency, with a pride and awareness of their particular circumstances.

For example, with the coming of the 1970s, the long tradition of activism within the deaf community that had been suppressed for decades began to revive, and a strong sense of community prevailed. It was in those years as well that, for the first time, the concerns and needs of deaf



Photographic essay on historic Gallaudet events.

people and their preferred policies began to be included regularly in general discussions, programs and plans for all disabled persons.

Times were changing. In an earlier time for example, deaf leaders, Mervin Garretson, President of the National Association of the Deaf, recalled attending rehabilitation conferences only to find that the understanding and appreciation of deafness and deaf culture were often slight. Once when Garretson attended a National Rehabilitation Association conference as the keynote speaker, he found communication with others after his speech was over difficult, and socializing impossible because at that time interpreters were only provided for formal presentations, and not for socialization or professional networking afterward.

A proliferation of programs and courses in Sign Langauge and deaf history began to bring the world of deaf people to the attention of the hearing public, aable-bodied and disabled alike.

In 1989, Gallaudet University in Washington exploded in a student-run strike after a hearing president had been selected over other well-qualified deaf candidates. The deaf students closed down the campus, then marched on the Capital building, well aware that Congress was responsible for most of Gallaudet's funding. The American media paid close attention to the story, and the progress of the strike was followed by millions around the world. By the time it was over, Gallaudet not only had a new deaf President, I. King Jordan, but the world had had a crash course in Deaf Rights and disability advocacy.

The strike at Gallaudet was followed that same summer by a major event, also at Gallaudet. A festival of deaf life was planned. Called *Deaf Way*, and organized by Mervin Garretson, the festival, despite its small budget, proved to be a major success. Over 6000 deaf individuals from around the globe attended the meeting, and events, lectures, seminars and entertainment provided a cross-pollination of ideas and interests for the global deaf community. Just as significantly, the number of private discussions and personal contacts begun during the festival have already born fruit, with individual and group exchanges and networks in full swing.

Shifts in Policy and Focus

Not only has work within the disability rights/rehabilitation community in the 1970s and 1980s been more strongly cross-disciplinary and cross-disability than ever before, but input and ideas are now more truly international. Increasingly, those involved in disability work turn to the international marketplace of ideas and technology to design and anticipate directions for programs within the United States. U.S. leadership, particularly from within the disability community, is also represented on the international scene.

Comparison between various national programs is on-going, with successful innovations and legislation being copied and modified from one country to the next.

In the 19th and early 20th century, European ideas and techniques were imported with the assumption that programs and institutions already proven successful in Europe could be duplicated within the United States. The internationalism that has developed in the past two decades is of a substantially different order. Now, American scholars, administrators and advocates often work in conjunction with colleagues around the world to help develop innovative ideas, programs and legislation. They then go on to implement these ideas at home, very often in a way that allows national programs to articulate with and become a component of larger international schemes. Comparison between various national programs is on-going, with successful innovations and legislation being copied and modified from one country to the next.

While new ideas and innovations within the field are a product of building on new and old ideas within the community itself, it is also important to note that the progress of the disability movement and the continual broadening of issues that have been undertaken are, in part, a reflection of a broader social and demographic consideration. The bulk of the disabled population, and particularly the disabled leadership today, was born during or influenced by the post-War baby boom generation.

As these individuals have grown to adulthood, the issues with which they must deal, and which they have raised have logically matured. In the 1950s and 1960s, rehabilitation and special education were at the heart of much of the ongoing activity for disabled populations, with particular emphasis placed on early intervention, special education and child health and advocacy services. The generation's march into adolescence and young adulthood brought with it a concomitant emphasis on employment and training programs, group and independent living projects, and discussion of sexuality, marriage and parenthood. Social and economic equality took on increasing emphasis as these disabled people reached an age where they could demand the right to equal treatment and economic self-sufficiency. Currently, issues are expanding to include retirement and pension planning and geriatric services for disabled men and women. Already, the parents of mentally impaired children who were early involved in the special education movement through NARC and other grassroots organizations, are beginning to raise questions of guardianship as they reach old age, and their young children have become middle-aged adults. While the issues may change, the strong tradition of advocacy which has developed over the years continues.

Among the most prominent of the issues within the disability community that have been fostered originally or come to some maturity with the United States over the past twenty years are the following:

The Independent Living Movement

A direct application of the disability rights model can be seen in movements towards independent living. Indeed many use the terms 'disability rights' and 'independent living' interchangeably. The basic premise of independent living is that all people with disabilities have a right to a life as similar as possible to that of their non-disabled peers, including the right to grow up in a family or family-like groups, the right to an education, the right to atttain greater independence during adolescent and young adult years, the right to work, and to work in a field they have chosen for themselves, the right to establish their own family and their own personal relationships. (This approach advocated a reversal of the traditional institutional approach, where the primary concern was the convenience of caretaking personnel).

The origin of the independent living movement in the USA can be traced back to the final years of the polio epidemics in the 1950s, when the "March of Dimes" began financing respirators, attendants and home services to enable persons to leave institutions and return home.

The origin of the independent living movement in the USA can be traced back to the final years of the polio epidemics in the 1950s, when the "March of Dimes" began financing respirators, attendants and home services to enable persons to leave institutions and return home (Laurie 1979). As the population of persons with recent cases of polio dropped and new vaccines made future polio epidemics unlikely, the prospect of maintaining large, expensive institutions for a relatively small number of patients proved prohibitively expensive. By returning the post-polio person home, significant savings could be experienced. An unanticipated byproduct of this was that disabled people and their families gained experience in achieving various elements of independence.

The large numbers of children from the "baby boom" generation living at home despite their impairments from polio led to unanticipated results. A member of community service and physical rehabilitation organizations began to organize special programs—summer camps, youth groups, etc., to provide for this demographically significant population of children. For many physically impaired adolescents and young adults, these summer and vacation programs represented a unique opportunity to meet others with similar experiences, in a forum that was neither a school, nor a hospital. The initial insights gained and networks established among these children would prove to be early links in the disability networks that would deepen as they reach adulthood.

Further impetus can be found rooted in several other significant social movements. As DeJong has underscored in a classic study, the Civil Rights movement, the consumer movement, the self-help movement, the demedicalization/self-care movement and the deinstituionalization/normalization/mainstreaming movement were all important precursors of the Independent Living Movement (DeJong 1983).

Gini Laurie, herself a sister of a polio survivor, pioneered grassroots organizing.

As early as 1956 the National Rehabilitation Association had passed a resolution in support of a forerunner of Independent Living. In 1957 an unsuccessful attempt were made to interest Congress in supporting some version of Independent Living. A similar bill failed in 1961 (5). While Federal support many not have been forthcoming, one of the first well documented examples of an actual Independent Living facility was initiated in the early 1960s at the University of Illinois, where four students with significant disabilities were moved from a nursing home to a modified house on campus. Success of the experiment led to an expanded program on that campus to facilitate living and college attendance by persons with severe physical impairments (DeJong 1983).

Two early pioneers who deserve notes in these arenas were Mary Switzer and Gini Laurie. Mary Switzer, as noted earlier in this paper, working under the Vocational Rehabilitation Act of 1954, shaped programs to provide direct services to those who once were considered too severely impaired for rehabilitative efforts.

Gini Laurie, herself a sister of a polio survivor, pioneered grassroots organizing. She edited the influential newsletter, the *Rehabilitation Gazette*, the first widely distributed publication by and for severely disabled adults with polio. Working from her home, financing the publication herself, with all her time volunteered, Laurie worked to connect her readers with each other and with the wider world. She continually expanded the horizons of her readers, exhorting them to become informed users of attendant care, carrying information to them on the latest ideas, legislation and technologies. Each issue featured a number of profiles of readers with descriptions of where they went to school, what their careers and family life were like, what their primary concerns and individual opinions were. Unlike most disability related publications during those times, where such "human interest" stories were intended to be "inspirational", Laurie featured *Gazette* readers who were presented in a straightforward manner with candid discussions of the success and hardships they faced in living with a disability. A column where homebound individuals could answer requests for pen pals connected severely disabled individuals to each other, and the readership was truly international. One issue for example, had writers responding from France, Japan, the United States, Kenya and St. Helena in the South Atlantic. Contacts made through the column allowed increasing numbers of readers to compare notes, pass along ideas and strengthen international communication.

Laurie tackled issues that were, for their time, truly revolutionary. These discussions were done in her matter-of-fact "this is your right" style, and were uncompromisingly activist in tone. Laurie for example, took great pride in having been among the very first to publicly raise the issue of disability and sexuality. She was also among the first to identify and discuss Post-Polio Syndrome. Her ability to identify this common problem long before the medical community did so, appears to have been the result of her ability to listen carefully to what her friends and readers told her and to respect them enough to accept the validity of the physical symptoms they were describing.

By the time of Laurie's death in 1989, the Gazette reached 83 countries and new ideas about independent living was read by thousands. Many disabled adults began to resist institutionalization or life at home entirely dependent upon family members. Early ideas of separate rooms in modified nursing facilities, gave way to plans of cooperative living arrangements that allowed individuals the right to run their own households, while permitting them the latitude and flexibility to have privacy and independence.

In 1972, The Center for Independent Living was incorporated in Berkeley, California, headed by Ed Roberts. Run as an independent center by disabled adults themselves, without the oversight or supervision of outside agencies, the Center soon attracted national and international interest. Phone calls and letters poured in from persons with disabilities around the globe. Organizations dedicated to disability issues watched with interest. Other Centers quickly followed in Houston, Columbus, and Ann Arbor. By 1985, the directory

William J. Bean, PhD, Special Assistant, HEW's Independent Living Projects

Fred Fay, PhD, Director, Research, Tufts New England Medical Center

Lex Frieden, New Options, The Institute for Rehabilitation and Research

Judy Heumann, Deputy Director, Center for Independent Living, Inc

Ed Roberts, Director, California Department of Rehabilitation

David Williamson, Director, HUD's Office of Independent Living

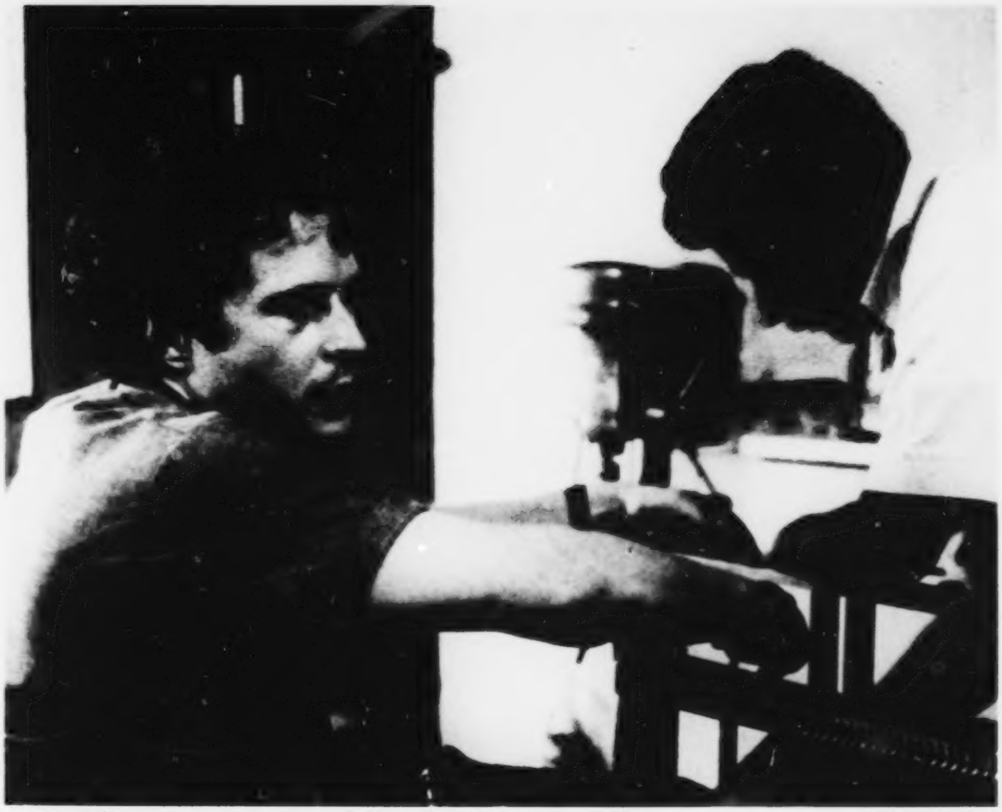
Some of the independent living leaders as "Young Turks"

The above six candid photographs appeared in the 1979 issue of ***Rehabilitation Gazette,*** *the international journal edited by the late Gini Laurie. Laurie was an early supporter of the international outreach of the independent living movement. Most of the six Americans are now leading figures in international disability programs.*

issued by the Independent Living Research Utilization Project (ILRU 1985) listed 298 programs through the U.S., with at least one active in every state.

New legislation began to address Independent Living issues. The 1973 Rehabilitation Act authorized a study of the needs of severely handicapped people and other related measures. In 1978, this legislation was extended as significant funding for Independent Living Centers was initiated.

The Independent Living movement was helped not only by legislation and technology, but by demographic pressure. The baby boom generation who had absorbed the brunt of the polio epidemic were reaching adulthood in the 1960s and 1970s. Medicine could now guarantee them longer and healthier lives; technology could allow them greater personal independence and in terms of sheer numbers, these individuals were able to command more of a voice than ever before. In addition, those who had survived spinal cord trauma and the newly-forming disabled Vietnam



In the early 1970s engineer Ralf Hotchkiss began researching his concept of a durable lightweight wheelchair that would function well in rough terrain, including that of developing countries. The Hotchkiss "Torbellino Chair" has gained support of many international groups and his work with disabled people in developing countries to enable local production of low cost chairs earned him a MacArthur "genius" grant in the late 1980s.

veterans' groups greatly expanded these numbers and were very influential in lobbying efforts.

Independent Living is part of a larger movement. "Mainstreaming," the inclusion of children with disabilities into regular classrooms rather than a 'separate (and supposedly) equal' system of education, is another manifestation of this, as is "normalization" and group homes for retarded adults.

Accessibility is the concrete underpinning of this process. Although the terminology has changed over the years, discussion of "accessibility" has been a regular topic for decades at national and international levels. The United States has played an historic role in accessibility issues.

The President's Committee on Employment of the Handicapped, stressing employment in the community, confronted this issue head on within a few months of its inception. Arranging for employment in a building where a wheelchair user could not go, or sending a deaf applicant to an office which relied on telephones, made little sense.

The push for direct attention by the federal government to accessibility issues, particularly for the mobility impaired, however, seems in part to have be generated by an offhand remark made by President Eisenhower in 1953. Several of the senior experts interviewed for this study recalled that Eisenhower, officiating at one of the early annual meetings of the President's Committee on the Handicapped, took the stage to present an award to a young Marine lieutenant who used a wheelchair. The stage was inaccessible, and several members of the Marine Band had to be dispatched to the foot of the stage to help the man up, wheelchair and all. Eisenhower apparently saw the irony of the situation, for while the man was being brought to the stage, the President turned to the audience of experts and advocates and off-handedly remarked that, 'it was a pity that a man who had given so much to his country, couldn't wheel himself up here but has to be carried up here by his brothers-in-arms.'

Government officials apparently scrambled. Although it would be years before legislation against architectural barriers was in place, within a short period of time the President's Committee and the Easter Seal Society had initiated discussions on accessibility, and legislation on both the state and national levels began to be passed. The United States Architectural Barriers Act of 1968 was one of the earliest and best known legal models for accessibility. By the late 1970s accessibility legislation was being adopted around the world, prompted in part by the 1974 United Nations Experts Meeting on Barrier Free Design which resulted in guidelines distributed globally.

An important byproduct of the accessibility movement was the International Symbol of Access promoted by Rehabilitation International which was adopted in 1969 at the 11th World Congress in Dublin. A simple motif of a stick figure using a wheelchair to indicate barrier-free access, the introduction of the symbol made freely available and easy to copy, became widely used throughout the world. Simply put, the Symbol of Access was a graphic indication that the environment could be made hospitable to people of varying physical capabilities. This was a novel concept for the times.

Although many disability activists felt the symbol should show the wheelchair user in motion (to symbolize independent movement), the Symbol of Access was of historic significance as perhaps the first graphic indication that disability issues and integration were becoming issues of concern to broader society.

Legal Redefinitions and Provisions for Disability

On both the national and international level, the past two decades have been unique in both the amount and the scope of progressive legislation submitted and passed on disability issues. The emphasis on legislation is, in part, a reflection of the shift from a charity and medical/rehabilitation model to a civil rights conception of disability. Under the old model, protection of the rights of disabled individuals was not mandatory. The new civil rights model insists that equal protection under the law is an inalienable right of all disabled individuals as citizens, and that their ability to receive equal treatment in society can no longer be dependent on public opinion or good will.

The United States, similar to other developed nations, had enacted some major pieces of legislation over the past 20 years, addressing equality in education, services and civil rights. Many of these ideas and concepts reflected work and legislation being done internationally. For example, the United Kingdom's Chronically Sick and Disabled Act of 1970, comprehensive legislation on disability, was called by some "the disabled's magna carta". It influenced (through consultations and conferences) the landmark United States Rehabilitation Act of 1973.

Among the most significant bills enacted in the U.S. were: the Rehabilitation Act of 1973, which included truly revolutionary provisions for vocational, and rehabilitative services, the 1975 Education for All Handicapped Children Act, and an important Developmental Disabilities Amendment. In 1978 the Protection and Advocacy Services legislation addressed the needs of mentally retarded children and others. Many of these laws addressed the need for better coordination of disability and rehabilitation services, requiring shifts of responsibility in government agencies. The high-water mark however, is without doubt, the recently passed Americans with Disabilities Act, which mandates the most comprehensive and advanced legislation on disability in the world.

National legislation both relies on and influences laws being proposed and enacted in other countries, and more than ever before, there is international dialogue between nations on disability and law. One of the earliest international conferences on disability-related legislation, was sponsored by Rehabilitation International and held in Rome in 1971. This Conference on Legislation Concerning the Disabled was followed by The Second Rehabilitation International Conference on Legislation Concerning the Disabled held in Manila in 1978. The "Manila Statement" advocated for legislation to establish national disability councils to coordinate the various departments dealing with disability. In Winnipeg, the RI Charter for the 80s advocated legal attention be directed toward social and civil rights. New laws reflecting the premise of equality as a right, were adopted in the 1970s and 1980s throughout Europe, and the countries of Asia, North and South America and Africa.

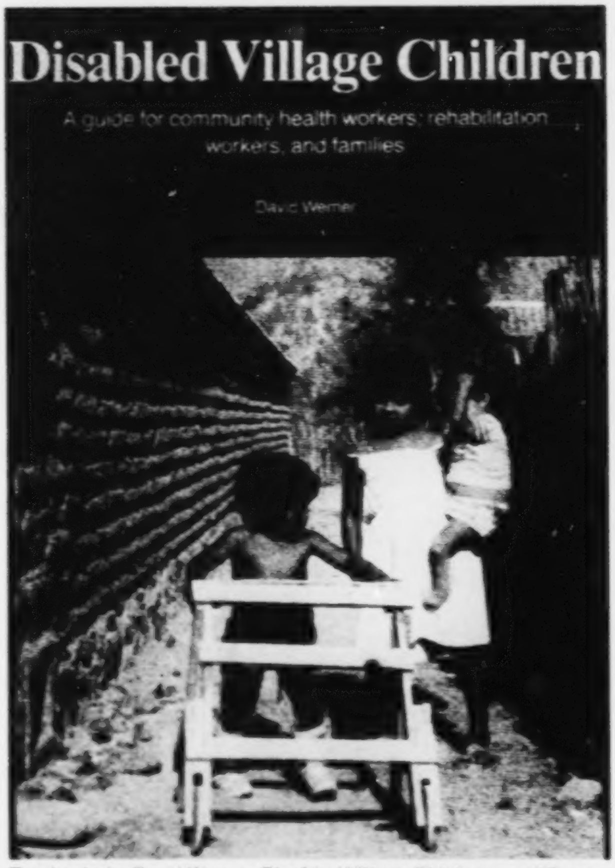
These laws, in conjunction with United Nations resolutions and its World Plan of Action for the Decade of Disabled Persons are providing a new body of legislation used as reference points by many nations as attempts are made to establish civil rights and equal opportunities for disabled citizens. Society is gradually transforming the orientation of disability issues from a medical/rehabilitation model to one emphasizing civil rights; legal systems have begun to reflect this and, in a feedback loop that augmented the social shift, have begun to lead the way. Actual implementation of new legislation does not always follow, but earnest attempts are being made in many nations.

Shift from Western Medical Models: Culturally Appropriate Planning

Both on a national and an international level, there has been a shift from relying on a largely medical/professional rehabilitation model with its unquestioning reliance on Western medical systems and technologies. The relinquishment of this medical model in part reflects the realization that high-tech western medicine does not address all the social, economic and medical needs of millions of persons with disabilities in the Developing World.

Until recently, Western professionals were considered, (at least by those in decision making capacities), the final arbiters of needs of people with disabilities and international aid was directed primarily towards the building of rehabilitation centers and projects, and the training and support of professional groups. In the Developing World, state-of-the-art hospitals, institutions and clinics frequently were the rehabilitation equivalent of enormous hydroelectric dams and highways through the jungles. While often effective in their own right, these programs were simply not reaching many who needed them most. Drastic, primary re-thinking of what was needed in the various cultures, designed by authentic representatives of those cultures was begun.

A rethinking of some of the basic premises of rehabilitation medicine and special education was in order. Increasingly sophisticated medical and technological services are not an option to many. Even the most basic of modern innovations and medical techniques is far too expensive to be readily availabe to the vast majority of people in the Developing World, where 80% of all people with disabilities now live. (Indeed, many are too expensive to be afforded by many in the United States). A new appraoch, known as Community Based Rehabilitation (CBR) was introduced at the 1969 Meeting of Experts in Rehabilitation held at Killarney, Ireland by Rehabilitation International. Community Based Rehabilitation has received wide acceptance. Experts in Killarney asked two questions: What are the essential basic services?; and how can they most simply and economically be provided? The answer was to train persons with disabilities, family members and local health personnel in basic rehabilitation techniques that can make significant differences in an individual's ability to perform daily tasks. In essence, CBR is centered around the same policy of empowerment of the individual with a disability and his/her family found in the Disability Rights Movement, and is using grassroots approaches already proven effective in a number of international maternal/child health programs. It receives further support because much of the Third World cannot afford financially to build up the professional structures and accompanying buildings and organizations. The concept of low-cost Community Based Rehabilitation continues to be more fully developed by the World Health Organization and UNICEF.


Disabled Village Children
A guide for community health workers, rehabilitation workers, and families
David Werner

*Two books by David Werner, **Disabled Village Children** and **Where There Is No Doctor**, have dramatically improved information dissemination about disability in developing countries. Werner, who is disabled, is based at the Hesperian Foundation in Palo Alto, California.*

In 1989, a beginning was made to create a coordinating group for international interests among the governmental and voluntary sectors.

Cooperation within and between United States Based Groups

Despite the fact that there has been a tremendous amount of activity within the United States over the past 20 years dealing with international rehabilitation and disability efforts, a working level of productive cooperation has yet to be established between many of the groups currently involved in the international arena. In the future, such cooperation may prove to be particularly advantageous.

In 1989, a beginning was made to create a coordinating groups for international interests among the governmental and voluntary sectors. Called the United States Council for International

> *Clearly, the lesson to be learned from RIUSA concerning coordination efforts, is that all organizations and programs involved must reach agreement on priorities, goals and responsibilities before such a system goes into effect.*

Rehabilitation, it does not yet have the full range of disability expertise represented, lacking primarily organizations directly representing people with disabilities and some of the government agencies involved in disability service provision. It is a beginning: it needs fuller support and a comprehensive internationally aware strategy to be successful.

This is not the first attempt to gather together groups. A previous attempt was Rehabilitation International USA (RI USA), which functioned from 1971 to 1985. Based in New York, it was intended to serve as the United States' national liaison with Rehabilitation International. Organized initially by Norman Acton, RI USA received the strong support of Helen Wilshire Walsh, a very active volunteer with an on-going commitment to disability and rehabilitation activities, who chaired the group. Estelle Kessler, wife of Henry Kessler, also played a significant role in the working of RIUSA.

RIUSA received some economic support from NIDRR and was intended to coordinate voluntary international activities, bringing together representatives from major national disability voluntary agencies and professionals in the field. It existed for over a decade and did sponsor a number of meetings and initiatives as well as some significant publications and a film library.

RIUSA, however, appears to have lacked a strong mandate and individual groups, professional societies (such as the medical specialties, physical therapists and disability advocates), did not find a compelling reason to share their own sets of contacts and join forces with other groups from different professions and perspectives.

Clearly, the lesson to be learned from RIUSA in coordination, is that all organizations and programs involved must reach an agreement on coordination of efforts and priorities before such a system goes into effect. The coordinating body must also offer some substantive servi[illegible] these participating organizations that will ma[illegible]heir participation worthwhile. Such a coope[illegible]ive venture is certainly possible and much needed. Similar cooperative groups, such as the United States Committee for UNICEF, for example, may provide good models of how such a system may effectively be organized.

American Participation in United Nations Activities

The maturation of thought and organization within the disabled community is also reflected in United Nations activities over the past two decades. Although various branches of the United Nations had directed some attention toward disability since the late 1940s, the definition of disability as unified area of concern has resulted in a growing attention to disability-related issues throughout the entire United Nations system. The receptivity of the United Nations to proclaim, first, an International Year of Disabled Persons (1981) and following that, the International Decade of the Disabled (1983-1992), was the logical culmination of a series of initiatives, directives and proclamations that had built up over the preceding decade.

For example, as early as 1971, The Declaration of the Rights of Mentally Retarded Persons, patterned after the Declaration of Human Rights of 1948, (Resolution 2856) passed the General Assembly. The 1971 Declaration was followed by the Declaration on the Rights of Disabled Persons (Resolution 3447) adopted in 1975, and by a host of subsequent resolutions on behalf of specific disability groups and issues.

Then, in the mid-1970s more intense activity began. The background to the International Year and the International Decade of Disabled Persons substantiates this growth. In 1952, the United Nations' Economic and Social Council had passed a resolution establishing the United Nations Disability Unit. This Unit had always been small but it served as a focal point for the international activities of many private voluntary organizations and was able to call upon United Nations funding to support some technical assistance programs.

Within the United Nations system, "enabling resolutions" to sanction Units must be resubmitted for approval every 25 years. By 1976, the Disability Unit's resolution was soon to expire and at the request of the Unit's Director, Esko Kosunen, Norman Acton, the Secretary General of Rehabilitation International, was asked to draft a new resolution for the re-approval of the Unit. This Acton did, expanding upon the ideas in the original enabling resolution to reflect the latest thinking in the disability field. Attention was no longer to be limited only to those with physical disabilities all disabled groups were included and the objectives of the Unit reflected the new and inclusive nature of the field.

Special projects for the International Year of Disabled Persons, supported by the USA

In 1981, James D. Wolfensohn, (left) then Treasurer of the Rockefeller Foundation, assembled an international group of experts on technical aids information services for a meeting at the Rockefeller Study Center in Bellagio, Italy. A particularly esteemed participant was Queen Silvia of Sweden (center) who is talking with Elizabeth Fanshaw, then Director of England's Disabled Living Foundation. RI and the World Rehabilitation Fund collaborated in the meeting, as did the U.S. government represented by Abledata, its computerized information bank on technical aids. The meeting established relationships and patterns of coordination among the European, Japanese and North American leaders in rehabilitation technology that have functioned well to this day.

A special RI project for the IYDP was an international research study on the Economics of Disability. The study, commissioned by the United Nations, was carried out by Susan Hammerman, who worked closely with economist Monroe Berkowitz. Publication was supported by a grant from the U.S. National Institute for Disability and Rehabilitation Research.

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In 1976, the United Nations General Assembly proclaimed 1981 as the International Year of Disabled Persons and called for a plan of action that would emphasize the abilities and potential contribution to society of disabled citizens.

The Resolution itself was quickly passed by the Economic and Social Council. Soon thereafter, a United Nations' delegate from Libya who had experience in his own country with organizations working with blindness, suggested that the time might be right for an International Year of Disabled Persons to help focus attention on the whole realm of disability.

In 1976, the United Nations General Assembly proclaimed 1981 as the International Year of Disabled Persons and called for a plan of action that would emphasize the abilities and potential contribution to society of disabled citizens.

Early on, the United Nations recognized that a Year would not be enough time to accomplish much real change. The International Year of Disabled Persons was used therefore, as a period to identify some of the significant issues and concerns related to disability. The Year was then, with substantial support from the world disability community, followed by the International Decade of Disabled Persons, with the theme of "Full Participation and Equality."

One of the most significant results of the IYDP was the founding of Disabled Peoples' International (DPI), the first international cross-disability organization. Founded with substantial material support of the United Nations, DPI has during the last decade joined the growing number of consumer-based international disability organizations, such as the World Blind Union, the World Federation of the Deaf and the International League for Societies for People with Mental Handicap.

One of the most significant results of the IYDP was the founding of Disabled Peoples' International (DPI), the first international cross-disability organization.

U.S. support for these groups has been limited but shows steady growth. In 1991 the U.S. branch of Disabled Peoples' International was founded and has begun to plan activities.

Dr. Frank Bowe, noted author and researcher who is deaf, served 1979-1981 as a U.S. Representative to the United Nations for its International Year of Disabled Persons Program. Dr. Bowe was the first director of the American Coalition of Citizens with Disabilities, the first national cross-disability advocacy organization. He remains active in international research, having recently collaborated with Japanese television manufacturers to assure long-range hardware accessibility for deaf and hard of hearing viewers. This research was carried out through a fellowship awarded by the International Exchange of Experts and Information in Rehabilitation (IEEIR) Project under the direction of Diane Woods.

Plan of Action

The UN World Programme of Action Concerning Disabled Persons, was adopted in 1982 as a global strategy to prevent disability, promote rehabilitation and provide for full participation and equal opportunity of disabled persons in social life. Emphasis was placed on disability leadership training and self-advocacy. Many countries utilized the International Year and the International Decade to initiate new projects and to coordinate both domestic programs and international initiatives in the disability field. Numerous meetings, conferences and exchanges helped strengthen international cooperative networks.

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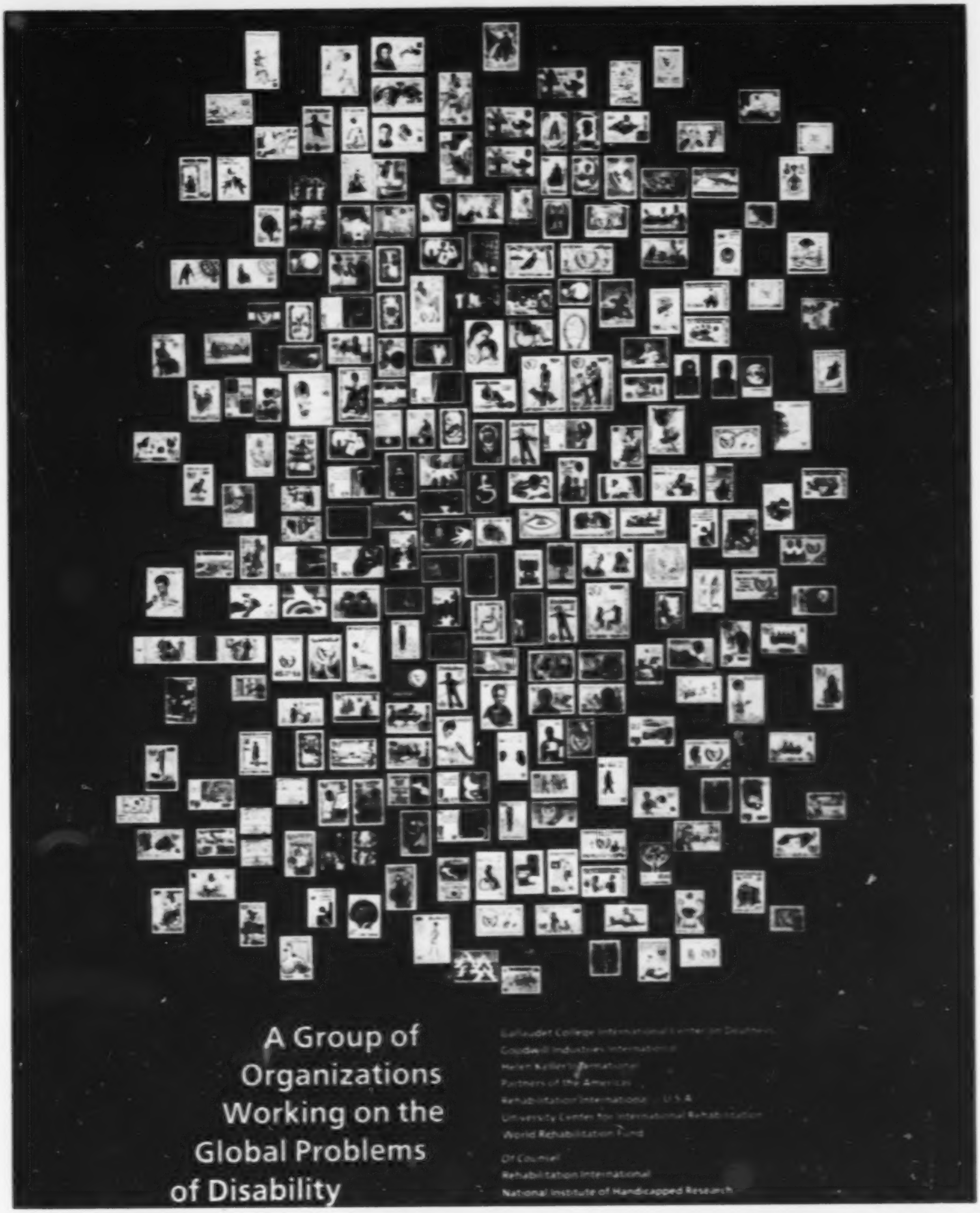
The United Nations has taken a leading role in providing assistance to disability projects through the U.N. Center for Social Development and Humanitarian Affairs in Vienna, Austria. In addition, several United Nations agencies operate or support community-based programs, providing services such as rehabilitation, as a component of larger primary health care and vocational training efforts.


A Group of Organizations Working on the Global Problems of Disability
Gallaudet College International Center on Deafness
Goodwill Industries International
Helen Keller International
Partners of the Americas
Rehabilitation International — U.S.A.
University Center for International Rehabilitation
World Rehabilitation Fund
Of Counsel
Rehabilitation International
National Institute of Handicapped Research

A U.S. collaborative project for the International Year of Disabled Persons was a poster of many of the postage stamps issued for the Year around the world. Collaborating organizations were: Gallaudet College International Center on Deafness, Goodwill Industries International, Helen Keller International, Partners of the Americas, Rehabilitation International USA, the University Center for International Rehabilitation, the World Rehabilitation Fund, Rehabilitation International and the National Institute for Disability and Rehabilitation Research. The stamps were from the private collection of Robert Ransom, then director of the international department of Goodwill Industries and now vocational rehabilitation specialist for the International Labor Organization in Geneva.

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In 1979 the first meeting of the Advisory Committee for the International Year of Disabled Persons was held at UN Headquarters in New York. The USA was one of 23 countries represented on the Committee which drafted a program of approved activities for the Year. UN Photo by Y. Nagata.

Among the most active are the World Health Organization and UNICEF. The United National Development Program, (UNDP) is the central funding agency and coordinator for technical assistance in the UN system. Since 1980, UNDP has funded some $25 million in projects related to disability and disability terminology. Also active within the United Nations system, has been the International Labor Organization (ILO), which has become involved in expanding vocational rehabilitation programs in many developing countries. Over $20 million dollars has been allocated by the ILO, riased through funding from the UNDP and donor nations, which currently support programs in several dozen countries.

Independent of United Nations activities, but in response to the growing awareness of disability issues the United Nations' activity has engendered, a number of industrialized nations began to link international outreach programs in disability to other, on-going international aid and development projects. For example, each of the Scandinavian and the EEC countries as a bloc, have expanded their international disability programs significantly. Each has a specific mechanism for support and participation by the governmental and voluntary sectors, including organizations of disabled persons.

The governments of Finland, Sweden and Norway have also instituted funds to support disability-related activities in conjunction with the International Year and the Decade. Finland, for example, provides some $700,000 per year to support the on-going administrative needs of the Disabled Persons Unit in Vienna. Sweden allocates some $10 million annually internationally to support programs for disabled persons and disability advocacy groups such as DPI. In England, the Overseas Development Authority coordinates international initiatives.

There have been other activities as well, consolidated during the United Nations Decade.The Canadian government, through CIDA, has just allocated $5 million in funding for a Community-Based Rehabilitation Center at Queens University in Ontario. Belgium provides support to programs in developing countries through a public agency, the National Fund. In the Netherlands, bilateral assistance includes disability specialists, technical aids and specialized treatment and rehabilitation of persons in Dutch facilities. Norway gives high priority to disability-related projects in its bilateral assistance programs and provides support for selected disability projects run by national NGOs, while Denmark, through its Danish International Development Agency, emphasizes projects that integrate disabled persons into the general social system. Japan has also initiated a major international aid program in disability/rehabilitation through JICA, its international development agency.

The reasons for involvement vary from country to country. Scandinavian countries have a history of social democracy, and strong liberal socialism as a political ideal. There is also some feeling that they are relatively small countries which share a sense of solidarity with other small, "nonaligned" nations. Former colonial powers,

Alf Morris, M.P. of England, the world's first Minister for the Disabled, confers with Norman Acton, then RI Secretary General, on initiatives for the International Year of Disabled Persons. Their collaboration with other delegates resulted in a strong focus of the IYDP on upgrading governmental commitment to legislation and elevating disability policy makers to more central roles in government.

such as Spain, France and the United Kingdom seem to maintain a feeling of some responsibility toward their former colonies. For example, Spain's leading organization of blind persons (ONCE) has as one of its declared purposes to strengthen organizations for the blind in Latin America.

New legislation, proclamations and organizations have also proliferated in the Developing World, where the UN Decade has fostered a commitment to a disability agenda. As with any international movement, in both the Industrialized World and the Developing World, translating good intentions and model legislation into action is a slower and often less impressive process than many would wish. Although countries have responded to United Nations initiatives to varying degrees depending on their priorities and available resources, much of what has been proposed or planned has not been implemented.

New legislation, proclamations and organizations have also proliferated in the Developing World, where the UN Decade has fostered a commitment to a disability agenda.

A mid-Decade review of the International Decade by the United Nations found only no more than a handful of coherent national plans had actually been enacted. Despite this, hundreds of programs, projects and legal redefinitions of disability rights around the world clearly illustrate that some strides have been made as a result of the United Nations' focused attention on disability issues.

Unfortunately, the United States' role in the United Nations Year and Decade has been less active than most. The federal government provided some support for the International Year but has made negligible contributions to the Decade. In fact, while the United States promoted the idea of the United Nations Decade, it did so with the proviso that no United States funds be attached to the initiative, an unprecedented restriction on a major United Nations program.

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As an alternative, the State Department's Bureau of International Organization Affairs proposed several initiatives to be undertaken in conjunction with the World Program of Action and the Decade of Disabled Persons. The United States co-sponsored resolutions on disability and rehabilitation and supported the continuation of the Voluntary Trust Fund established during the International Year, and later extended to the decade. The United States' actual monetary contribution to this strongly supported voluntary trust fund, however, has been far less forthcoming than its vocal support. In 1983, the United States made a one-time voluntary contribution of $103,000 (from AID funds) to the United Nations Voluntary Fund for the Disabled. Since then, the

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United States has not contributed further to the fund, neither directly nor indirectly to the Disabled Persons Unit in Vienna. Almost half of this one-time contribution, given by the U.S. in 1983 was spent in the United States, part going towards a $45,300 training grant for teachers of the deaf from the developing countries and part for computer work at Gallaudet (GAO:1991:25).

Washington, April 6, 1977. Taking a vote outside the office of Secretary of Health, Education, and Welfare, Joseph A. Califano Jr. whether to remain. The group stayed for 28 hours to protest the delays in the implementation of the Civil Rights Act, known as Section 504. On May 7, 1977, Secretary Califano signed the first implementation regulations.

Source: ***No Apologies**, p. 15.*

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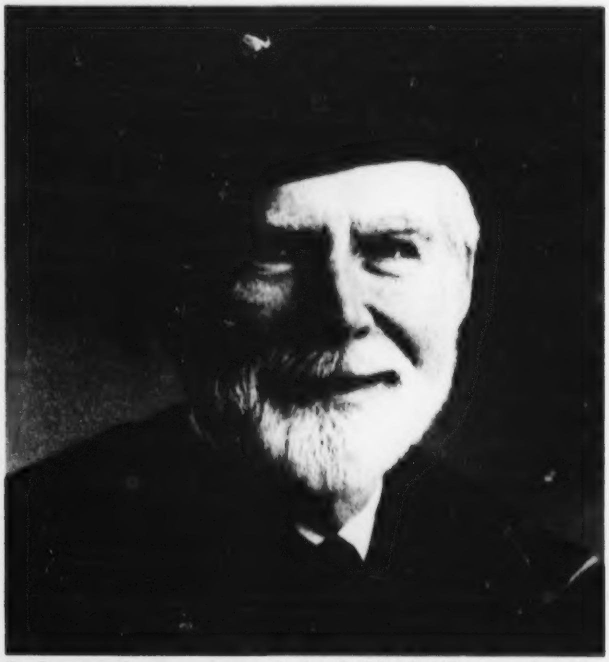
Additional U.S. Leadership in International Disability Activities

Below are shown other Americans who during the 1970s and 1980s came to prominence in international disability programs.

Eunice Fiorito, New York City's first director of the Mayor's Office on Disability, also became the Treasurer of Disabled People's International during the 1980s and is now helping to establish DPI's American branch.

Justin Dart, human rights advocate, is Chairman of the U.S. President's Committee on Employment of Disabled Persons. He has long been a supporter of international projects and helped to found an on-going Japan/USA exchange on disability issues.



Dr. Fenmore Seton, a volunteer in the disability field for more than 50 years, was an early influence on organizing U.S. efforts to suppport international disability programs and rose to become RI President in 1988. He is a staunch advocate of the disability rights movement.

Gwendolyn King is Commissioner of the U.S. Social Security Administration. She has taken a leading role in the recent efforts to forge a new governmental/voluntary partnership in international disability activities.

Chapter IV: Recommendations for the Future

Although this project was initially envisioned to be an historical study of international work undertaken by United States based individuals and organizations, merely reviewing past accomplishments seemed less important than learning lessons from the past that might help to set the agendas for future work. Each individual interviewed for this study has spent decades working closely with disability issues and has had a lifetime of experiences and insights into past, present and future problems and possibilities. For this reason, the interview for each participating individual in this study, concluded with a series of questions about what programs, policies and approaches, in their opinion worked well, which did not, and why they thought this was the case. Following this, each senior expert was asked to make recommendations for the future, based on their own experiences. These recommendations were further discussed during the Oral History Meeting in Washington in 1990, when these individuals were brought together to stimulate discussion of past programs and suggest avenues for future research, training and projects. The recommendations listed below are a synopsis of the ideas and suggestions raised by these experts.

SECTION 1: Improved National Coordination of Efforts:

Recommendation 1: Encourage Increased Cooperation Nationally Among All Groups Working on Disability Issues:

Background:

It was the consensus of those interviewed for this study that presently there is no coordinated response on the part of the United States government to disability research or training, and actual programs and initiatives that touch the lives of disabled individuals internationally are scattered among dozens of federal agencies. Moreover, most of the experts interviewed noted that there is little coordination between the government and private voluntary agencies, academic institutions, medical facilities and disability advocacy groups which are involved in projects, large and small. Many are involved in bilateral initiatives to assist projects in specific countries. These are often excellent in themselves, but have only limited effect on national, regional and international planning. Additionally, many non-governmental agencies are themselves not in touch with each other. No over arching approach attempts to join these groups together; often they are not even aware of one another's existence.

The result is too often initiatives that are confused and inconsistent, with efforts divided between often inadequately defined priorities, policies and programs. Such an uncoordinated approach means that in a field where time, funding and experienced personnel are already limited, significant energy goes into the duplication of efforts and under-utilization of experienced personnel.

Recommendation:

The senior experts taking part in this study have recommended a renewed commitment by both federal and NGO groups to international disability initiatives. Moreover, all felt that the collective impact of American efforts on disability internationally could be multiplied many times over if there existed more communications between groups, and more collaboration between these groups and Federal programs. In a renewed American effort, absolute agreement is not necessary, indeed, there will always be differences of opinion and emphasis, however, there should be a greater harmony of policy about the nature and relative place of such concepts as independent living, community based rehabilitation, the civil rights of disabled children and adults, appropriate applications of technology, accessibility and other fundamental issues.

For example, presently, it is not unusual to find projects that relate in some way to disability, sponsored by a U.S. government agency, a U.S. non-profit, a US academic institution and a U.S. religious entity, all working in the same area, with little or no communication/cooperation links among themselves in the country or at home, and all competing for priority. There should be no reason why two groups of rehabilitation workers from United States-based organizations, learn of each others existence when they begin to set up similar programs in the same remote region of Africa or Asia. (It has been suggested that a meeting to document our aid programs that touch upon issues related to disability to a single country, e.g. China, would make this situation quite clear). Those who have already worked overseas could save others who are planning to initiate new programs time and money by simply sharing their knowledge and experience, discussing their successes and failures.

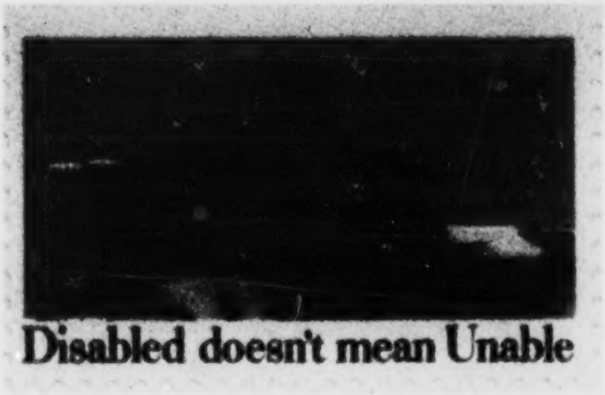
Recommendation 2: Improve Coordination Between Non-governmental Organizations:

Background:

It was suggested by many of the senior experts interviewed that coordination on a national scale is needed between organizations working on issues that relate internationally to disability. A central coordinating body or council that would serve as a clearinghouse, providing private voluntary groups with a central focus would foster a strong network which could concentrate on immediate international concerns and long-term policy development and analysis.

Recommendation:

It is recommended that a council should be organized that will serve as a hub of a network to bring together and promote better communication and cooperations between the many diverse groups working on related disability issues. Such a council, it was cautioned, would not, and indeed, should not, be asked to delineate a single national approach or policy. Rather, its strength would lie in the fact that: a) it would have the potential to serve as a clearing house for information from academic institutions, medical programs, private voluntary agencies and Federal government programs which target disability issues; and b) it could assist in the development of guidelines for U.S.-based international disability programs.



U.S. postage stamp for the International Year of Disabled Persons

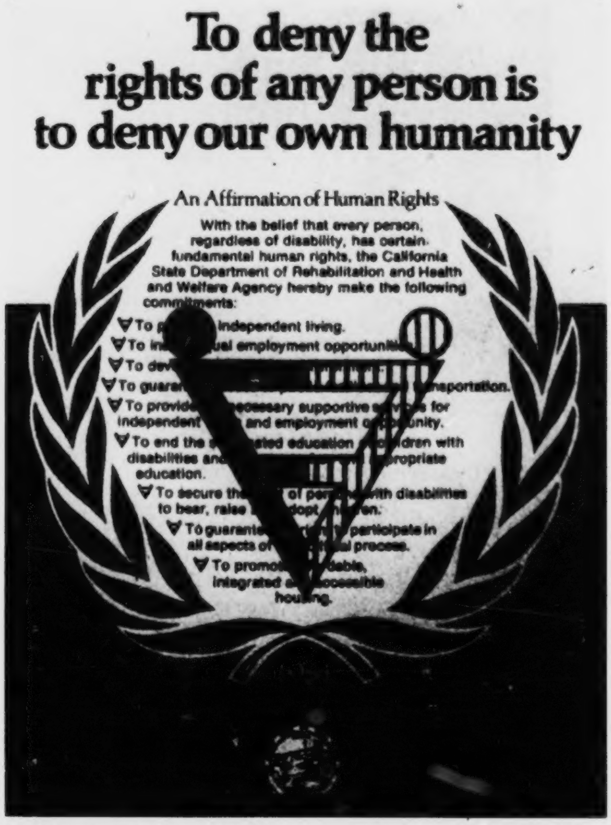
Among the guidelines such a national coalition should foster, a number of those interviewed noted that U.S.-based international groups be encouraged to carry out with respect and sensitivity for local issues, beliefs and priorities. Where traditional beliefs and attitudes limit the rights of disabled individuals, the guide to appropriate actions can be found in the United Nations Declaration on the Rights of Disabled Persons. Wherever possible, programs should be undertaken in collaboration with governmental, academic or advocacy and self-help groups in the countries in which these programs are to be established. U.S.-based programs must never assume that their ability to muster funding, technical expertise and resources supercedes local and national rights and concerns. It was also noted that such guidelines include a shared philosophy that all programs be not "for the disabled", but *of* persons with disabilities—including individuals with disabilities not simply as recipients of care, but also relying on disabled professionals and advocates in all phases of planning and implementation.

The key concept here is *better coordination of United States international efforts.* In the past, there has been a reluctance to work towards attempting to coordinate efforts, because of "diversity". To rule coordination out because of "diversity" is to accept that the operational fragmentation which is characteristic of the United States voluntary system. The point is not to coordinate everything, but to find a level of coordination and cooperation that is acceptable to a sufficient number of institutions so that a start can be made. Functional coordination never comes unless and until the participants have the experience of working together. It is essential that a system be designed with which all participants are pleased enough, so that they can give it their support. The issue is initial design and a true commitment to make it work at the outset. It can be done. For example, the United States council of

UNICEF is a model that has worked well for U.S.-based internationally-oriented child health programs. On the international level, the International Council on Disability, formerly the Council of World Organizations Interested in the Handicapped (CWOIH), has undertaken similar attempts at coordinating efforts within the United Nations system. Such ventures must be well thought out from the very beginning, but are workable.

Most developed countries have a mechanism to involve their education, labor, social security, health, veterans and foreign ministries in support for their domestic disability council or office or disability minister, which also hold some responsibility for international outreach. (Some of these mechanisms were begun for the International Year of Disabled Persons and others evolved as disability issues rose to a more visible place on the national agenda). A similar collaborative council or coordinating body could be a focal point of on-going governmental/non-governmental information and collaboration.

An organization that could serve as such a clearing house for information and resolve should be a permanent group. It should not be solely dependent on episodic grants, but rather be a grounded forum for regular review of international trends and dominant United States practices in key topical areas, with the ability to respond to specific requests. Currently, our ability, even to respond to foreign colleagues in a coordinated manner is fragmented. As an example, when a Minister on Disability from the United Kingdom visited in 1989, he wanted to meet his counterpart, discuss United States policy on rehabilitation technology, obtain expert opinion on the conductive education controversy now boiling over in his country, and see some independent living centers. He was making reasonable assumptions about an advanced country: there was a counterpart, and a policy and high level awareness of international issues. When the U.S.S.R. Foreign Affairs Minister arrived in Washington in 1989 requesting American assistance in rehabilitation, a high level interdisciplinary mechanism should have been ready to go in forward gear to facilitate contacts, provide introductions and to outline the possibilities, immediate and long range.



To deny the rights of any person is to deny our own humanity

An Affirmation of Human Rights

With the belief that every person, regardless of disability, has certain fundamental human rights, the California State Department of Rehabilitation and Health and Welfare Agency hereby make the following commitments:

- To p[illegible] independent living.
- To in[illegible]ual employment opportuni[illegible]
- To dev[illegible]
- To guara[illegible]nsportation.
- To provide [illegible]ecessary supportive s[illegible] for independent [illegible] and employment o[illegible]unity.
- To end the s[illegible] education [illegible]ildren with disabilities an[illegible]ropriate education.
- To secure th[illegible] of pe[illegible]ith disabilities to bear, raise [illegible]dopt [illegible]en.
- To guarant[illegible] participate in all aspects of [illegible]al process.
- To promo[illegible]dable, integrated a[illegible]ccessible housing.

An International Year of Disabled Persons poster produced in California during 1981.

Each year the number of foreign government officials, researchers, and representatives of voluntary organizations coming to see United States disability/rehabilitation sites and consult with experts here in the United States increases. Currently, no individual organization or government agency coordinates this type of assistance.

Not only was the need for more national coordination voiced, but also stressed was the fact that communication must be a strong component of such a coordinating body, and as part of that, a regular newsletter or published update must be issued to keep all members and groups equally and adequately informed of current issues and concerns. Historically, lines of communication within this field have been weak, with much information passed along through informal channels. As the field grows and the number of groups and disciplines involved has increased, it has outgrown these earlier methods of communication and improved communications are now needed.

As noted earlier in this Report, recently a national consortium of involved individuals and groups have come together to form The United States Council for International Rehabilitation. Its organizers hope that this Council will provide a national focus for groups working on disability internationally, and it has a real opportunity to establish a coherent national collaborative organization. If it proves to be successful, it may help to met the stated need for coordination. If it does not, the idea of such a council should not be abandoned, for the need still remains.

Recommendation 3: Improved Commitment from the Federal Government: One Agency Needed to Provided Central Focus

Background:

It was felt by the senior experts that progress in the United States role in disability internationally will not come about through good intentions only, nor from an non-governmental consortium alone. It was widely agreed by all members of the group that the government of the United States must broaden and deepen its actual support for commitment as well. The federal government must not only foster the international concerns of disability but must also put its own house in order, making national and international programs and policies throughout the Federal system reflect this renewed interest.

Recommendation:

It was suggested by all senior experts with experience working with federal programs that the United States government coordinate efforts on disability internationally, with *one lead agency taking primary responsibility* for advocacy and oversight, so that concerns about disability do not fall between the cracks. Such a lead agency and its administration must be high enough up the hierarchial pole to have clout, and its basic mandate to pursue and support international research and programming, must be broad enough to be applied to a variety of social, legal and medical situations.

The international program in Vocational Rehabilitation under Mary Switzer provides a model of such a central focus. The program, even in its heyday, was relatively small. Because it could focus its attention and energies on disability issues throughout the federal system, it was impressively effective within the field of vocational rehabilitation. What is important is that such a program can act in two important capacities: 1) it can be a touchstone, a central clearing house for all those coming from outside the government, helping researchers, service providers and advocates find their way through the mass of bureaucracies, programs and grants available through United States government sources thus helping bring people and resources together and 2) it could be a watchdog within the government, ensuring that issues of concern to the disabled population are incorporated in all internationally-focused government programs.

Recommendation 4: Lead Federal Agency Addressing International Rehabilitation Issues Must Advocate for Disability Interests Throughout the Federally Funded International Aid System

Background:

For decades, the United States government has funded international aid and development programs throughout the world. Although a small proportion of this funding was given directly to disability-related programs, disabled citizens

INTERNATIONAL YEAR OF DISABLED PERSONS 1981
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INTERNATIONAL YEAR OF DISABLED PERSONS 1981
18
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Samoa I Sisifo
INTERNATIONAL YEAR OF DISABLED PERSONS 1981
27
Samoa I Sisifo

Sisifo
INTERNATIONAL YEAR OF DISABLED PERSONS 1981
$1
Samoa I Sisifo

Samoa stamps for IYDP recognized various aspects of Franklin D. Roosevelt's life.

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worldwide are equally affected by non-disability oriented programs that foster education, transportation, and economic development. Often these "non-disability" programs are designed without disabled individuals in mind, and many have in fact, had detrimental effects on the participation of individuals with disabilities in their societies.

Recommendation:

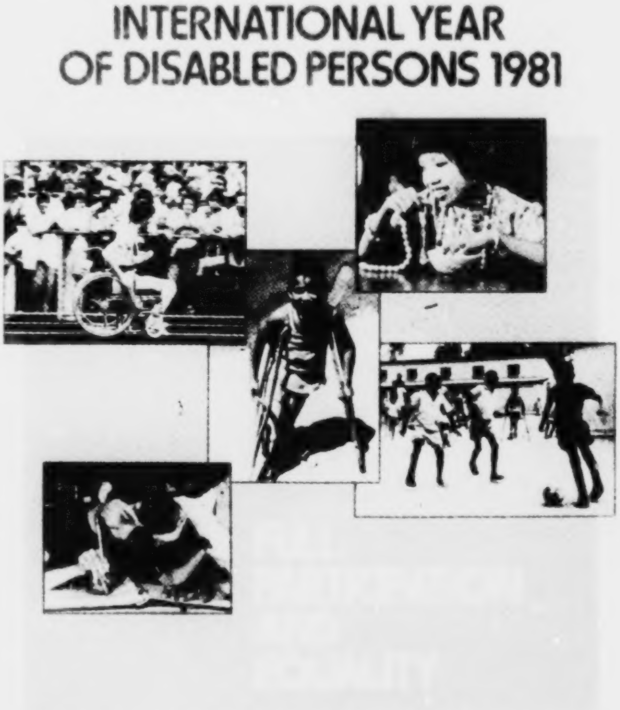
It is recommended by a number of the senior experts that the United States government make policies on disability mandated under existing federal law applicable through its own international programs. International aid and development projects, be they through AID, the Peace Corp, or any one of a number of other programs, must ensure that individuals with disabilities and disability groups are included in all phases of planning and will benefit by programs under consideration. As a nation, the U.S. must not continue to fund new schools that do not allow children with disabilities to attend, major construction projects that do not hire disabled workmen or new transportation systems that make no provision for travelers with disabilities throughout the developing world. (A model of such interagency attention to disability issues already exists on the national level in the form of The Architectural Barriers and Transportation Compliance Board, which has representation from all federal agencies, and which monitors compliance with and implementation of regulations in this area).

Nor, it was felt, should these policies end with federal government funded international projects. As a major contributor to international organizations such as the World Bank and the International Monetary Fund, the U.S. has a right to insist that the same standards on disability be adhered to in programs supported through these organizations as well. United States based international philanthropic foundations which receive tax-free status, be they one of the major foundations, or one of the countless smaller ones, should also be made to toe the mark. United States based or owned companies expanding into international markets must also be encouraged by the government to meet the same accessibility and hiring standards for disabled citizens overseas, as our government now insists they do here at home. Our national policy on discrimination on the basis of race, religion and gender now are inherently part of all our extended activities in these areas overseas. There is no reason why disability related concerns should not be included in this list, particularly in light of the newly enacted Americans with Disabilities Act.

There are precedents for such thorough reviews of policy. A generation ago, multimillion dollar American programs in international aid and development schemes rarely considered the impact that newly instituted programs would have on women in the societies in which they were to be enacted. Few provisions were made for hiring women, including them in training programs or ensuring that they had equal access to decision making. These things have changed. Making the inclusion of individuals with disabilities a pre-requisite for broader health, education and development programs can be undertaken in much the same way, if it becomes part of a national resolve to do so.

While current government programming may be confusing, fortunately, the U.S. General Accounting Office has recently issued a review of the current state of international aid (governmental and non-governmental) in the disability/rehabilitation field. The report, "Assistance of Disabled Persons in Developing Countries" (GAO:NS1AD-91:82), helps to clarify the current state of Federal involvement in international disability issues.

This inventory and analyses of current programing from the General Accounting Office will, without doubt, assist United States-based organizations and government agencies to more



IYDP poster produced by U.S. Department of Education productively review and address disability issues. While the GAO investigation is a start, it is only a review of current activity. Concerned organizations and institutions must be prepared to develop strategies to address the needs identified with the report.

Section 2: Training of Personnel

For the past forty years, the United States has been a leader in research and education in the disability arena. Many of the senior experts in this study were leaders in these fields. Hence, it is not surprising that many recommendations generated in interviews and group discussions, touched upon issues of teaching, research and professional training. It was felt that if the United States, as a nation, is to have a renewed national commitment to disability internationally, it must ensure that those people who are graduated from our undergraduate and graduate schools are knowledgeable about the real issues and concerns of disability.

In the developing world, medical, rehabilitative and sociocultural issues differ significantly from those in the industrialized world. American students interested in working abroad need more appropriate training and better and more appropriate training must be offered foreign students who come to the United States in the hope of returning home with professional training. Finally, the international exchange of ideas should be continued in the form of on-going dialogues, long after formal education has ceased.

Recommendation 5: Training of United States Professionals for International Work Should Be Strengthened

Background:

Currently, channels to train young professionals for careers in the international disability field do not exist in the United States. Unlike the field of public health in which international health is now a recognized subdiscipline, or economics where in the past two decades international development has become an acknowledged specialty, people trained in the various medical, public policy and advocacy roles that deal with disability in the United States receive no training in working overseas. Often, little attention is ever paid to working in multicultural situations within the United States itself. The approaches, background knowledge and ability to innovate in the field—particularly in the developing world, where situations are often so markedly different from the United States, requires the better training of professionals interested in working outside of the United States. (It should also be noted that better training in a domestic policy track is also long overdue in many schools).

Recommendation:

It is recommended that academic institutions dedicated to disability—schools of rehabilitation, physical and occupational therapy, special education, programs in disability studies—should regularly offer courses on disability cross-culturally. Where possible, these course should be combined into a *major* in International Rehabilitation and Disability on both undergraduate and graduate school levels. This new curriculum need not necessitate the establishment of an entirely new faculty by allowing students to cross-register for classes in international health, and international development at the same university , or at a nearby university's school of public health, medicine, economics, or social science, students may receive a good training in rehabilitation while at the same time acquiring a real understanding of the potentials and constraints of working outside the United States. Often schools of rehabilitation, public health and international development exist on the same campus sometimes within sight of each other, but currently, there is rarely productive interchange between them.

To advocate for the creation of training programs in international rehabilitation does not make up for the current lack of adequate education about disability for professionals who will be asked to make decisions that affect disabled individuals and populations. Another issue repeatedly raised by the senior experts interviewed was that currently, few professional training programs beyond those specifically designated as "about disability" even introduce the subject let alone explore it in depth. This is particularly unfortunate, for many individuals being trained in our nation's medical schools, schools of public health, and schools of allied health professions, as well as law and business schools, and schools of education and government, will encounter issues that directly relate to disability during the course of their careers. Furthermore, it was felt that emphasis should not only be placed on incorporating issues about disability in the basic curriculum of professional groups, but on fostering and encouraging involvement and leadership within these professional groups by individuals with disabilities themselves.

It was recommended that a national forum of experts, coordinated by NGOs and educators, should develop guidelines and recommendations for such educational endeavors. A national consortium discussed in Recommendation 2 might be an ideal coordinating body for such an endeavor, and to underscore the second part of this recommendation, particular attention must be focused on education of a wide variety of professionals in training about disability issues.

Recommendation 6: Improvement in Training for Foreign Students

Background:

The experts concern with the training of students for international issues extended to the current training of foreign nationals who plan to return to their own countries. Currently, undergraduate and graduate programs in the various fields of special education, physical and occupational therapy and rehabilitation regularly accept and educate foreign students who intend to return home to teach and serve.

Particularly in the case of those students coming from the developing world, it was felt that many of these programs are inadequate, for they rarely address the real issues that these students will face when they return home. Too often, such students spend a large amount of their brief and valuable time here in the United States memorizing the intricacies of American federal and state programs and policies, laws and learning about social concerns that are not of particular use in their home countries. This is a lost opportunity for many of these individuals, particularly those sent to the United States for graduate level training, are already on their way to becoming senior level professionals in government or health. It is they who will make the final decisions on the allocation of money and manpower for disability-related programs in health, education and development well into the 21st century.

Recommendation:

Academically challenging programs must be designed for foreign students in disability-related fields to introduce them to a body of knowledge of direct relevance to the countries and communities they seek to serve. Moreover, wherever possible, qualified foreign candidates with disabilities should be identified and encouraged. Again, public health and international development programs lead the way, having already established tracts for students who intend to work in regions outside the United States. These can serve as models.

It is important to stress here that the senior experts are not suggesting that all foreign students be forced into these internationally-oriented programs. All feel that foreign students have the right to choose the training they think interesting and necessary. However, experience with many foreign students, particularly those from the developing world over the years, has convinced several of the senior experts that much valuable time and energy are being expended making these students master a body of information that proves to be virtually useless back home. Schools should not take a two-level approach to education, with lower standards or less complex tracts of study being designated for those who wish to serve in the developing world. Appropriate tracts of study if disabled populations in the developing world should, however, pay less attention to "high-tech" solutions, specific United States concerns with the roles of professionals in tertiary care facilities and complex social service networks. Rather, classes on epidemiology and nutrition, the organization and training of community based health workers and maternal/child health education programs may prove of more value.

Finally, a multi-national and multi-cultural approach to exchanges is needed, with training in the United States linked to academic programs, facilities and disability oriented programs abroad.

Scholarly research programs on disability issues need to be established jointly with other nations. There should be regular bi-lateral and multi-lateral exchange, with foreign students coming to the United States and United States students spending time overseas. Where possible, foreign students and the American colleagues should be encouraged to work jointly on projects so that they might learn from each other and establish links that will continue on into their professional careers.

Recommendation 7: Advanced Level Training Needed

Background:

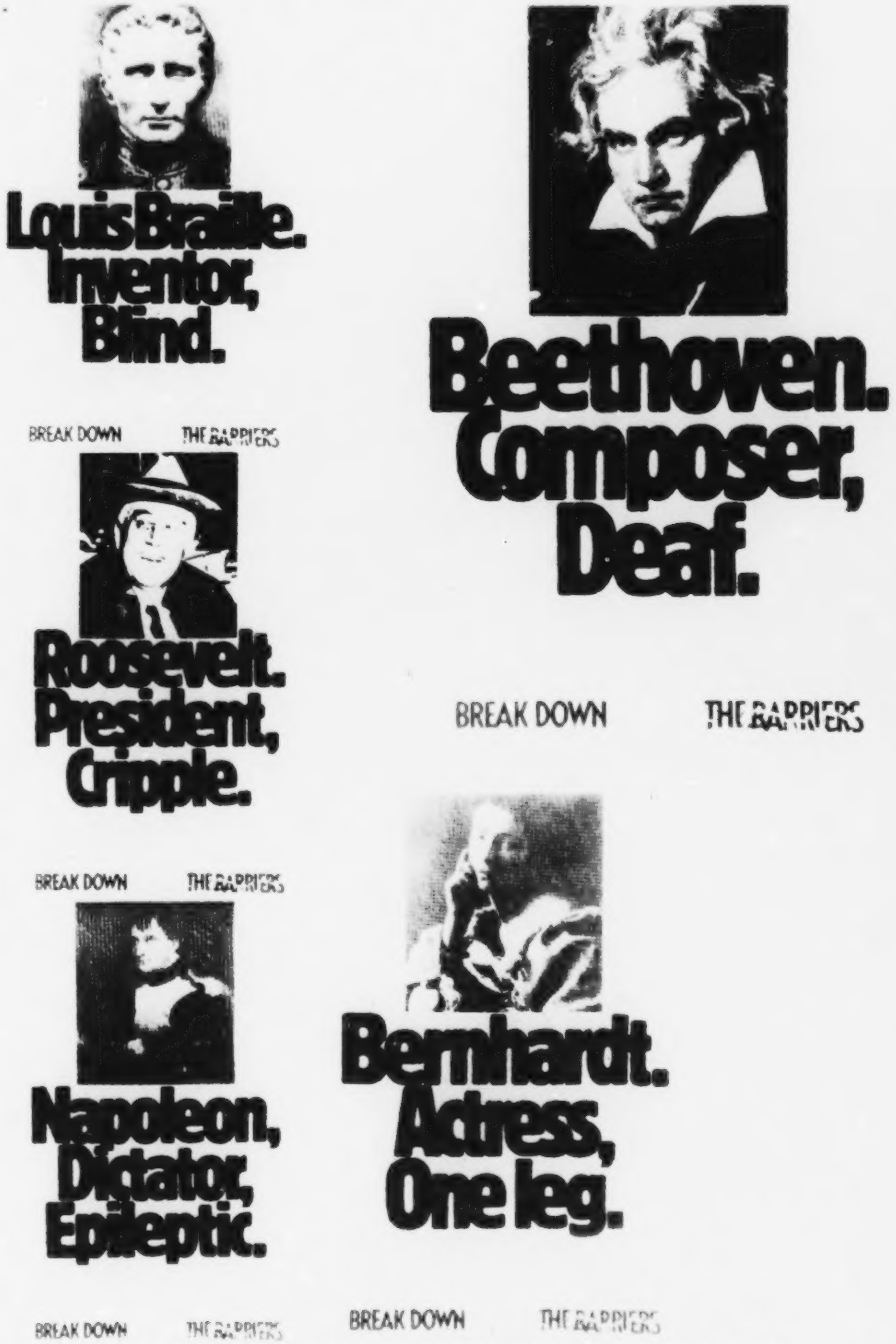
Another concern voiced by both educators and administrators interviewed for this history is that support for individuals involved in international work and research on disability should not be limited to the undergraduate/graduate school level.

Recommendation:

It was recommended that a system of regular exposure to and education about disability be developed and made available to a wide range of professionals who currently work with issues that relate to disability. On an academic and policy level, it is clear that many would benefit from a more regular and comprehensive exchange of ideas throughout the field. These should include, but not be limited to:

a) *Research Funding:* The United States government, as well as independent educational institutions should be encouraged to establish fellowships which would enable mature scholars, advocates and administrators to devote time and energy to issues that relate directly to disability. Such a system is already established in the United Kingdom and other Commonwealth nations, where Churchill Fellowships are available to study social policy issues abroad. One of the prominent social policy issues recognized by the Churchill Fellowship is in the area of disability research.

b) *Regular conferences* for the open exchange of information and experiences are needed. It is urged that regular annual or bi-annual conference be established for disability issues to allow an ongoing, full and thoughtful exchange of ideas. Such an international think tank on disability could attract worldwide support and attention, and would prove invaluable to those currently working in the field. In an area which historically has suffered greatly from fragmentation and lack of communication, it is felt that such a regular exchange would prove valuable to many.


Louis Braille.
Inventor,
Blind.
BREAK DOWN THE BARRIERS
Beethoven.
Composer,
Deaf.
BREAK DOWN THE BARRIERS
Roosevelt.
President,
Cripple.
BREAK DOWN THE BARRIERS
Napoleon,
Dictator,
Epileptic.
BREAK DOWN THE BARRIERS
Bernhardt.
Actress,
One leg.
BREAK DOWN THE BARRIERS

A set of Australian IYDP posters also included FDR in its series on attitudinal barriers.

c) There was also a consensus among many that there should be *advocacy* on the part of those currently working on disability issues which brings disability concerns into the non-profit "mainstream." Public and private foundations and many national and international funding groups and institutions simply are not aware, nor concerned with disability issues. Many groups, that annually donate millions of dollars to international endeavors, still believe that disability issues are wholly "medical" in nature, and fall outside the funding guidelines and missions statements of their particular organizations. These organizations need to be made familiar with the current state of disability initiatives and the educational, economic and civil rights issues that are involved.

SECTION 3: International Cooperation:

Recommendation 8: A System to Coordinate United States Efforts and International Issues Should Be Established:

Background:

It was felt by the senior experts that establishing a more coherent national effort and ensuring a better trained pool of professionals and advocates means little if a strong commitment is not also made towards true international cooperation. American national efforts should be in closer touch with bilateral, multi-lateral and United Nation efforts.

Recommendation:

Whatever alliance is formed within and between the federal government and private voluntary agencies, it is felt that some coordinating mechanism is needed to monitor and encourage United States participation and support for international instruments adopted to benefit disabled persons. For example, the UNESCO treaty to encourage duty-free importation of aids and articles to benefit disabled persons; the ILO Convention to raise standards of employment measures to benefit disabled persons; and the United Nations advocacy of Human Rights as applied to disabled persons, all deserve attention and support from the United States government, its various agencies and from United States based private voluntary organizations.

A code of policies and practices that would be used in planning international assistance projects as well as in shaping the United States position on disability-related issues before the United Nations system, and other intergovernmental institutions should be included. A central information gathering/analyzing office, either established within the federal government (Recommendation 3) or as a consortium outside the federal government (Recommendation 2), is needed to ascertain United States compliance and leadership and collaboration on these issues. An office within the government or outside it could be responsible for ensuring consistent application of international codes for all federal programs, which would need at least annual review to remain current in its applicability. Finally, the United States must take responsibility for more than responding to concepts from others. It should take the initiative to create policy and promote new ideas in the international sphere.

Recommendation 9: Disability Issues Must be More Broadly Linked to Central Concerns of United States Foreign Policy:

Background:

Finally, all the senior scholars participating in this study recommended, in one form or another, that the Federal Government must broaden its basic mandate to serve disabled populations throughout the World. Prior commitments, it is felt, have not gone far enough. Even in the era of the large PL. 480 Program, funding for rehabilitation internationally was given on the condition that the rehabilitation community in the United States receive some new knowledge or techniques in return. Certainly, the administrators of these early programs are to be commended for realizing that the U.S. has much to learn from the rest of the world, and wherever possible such reciprocation of knowledge should be strongly encouraged and supported. However, a perhaps unanticipated by-product of such a knowledge exchange system was that those issues of concern to disabled populations in the developing world that were not of significant concern here in the United States, were given lower priority. The concept of direct rehabilitation-for-rehabilitation knowledge exchange works well when new prothesis devices from Poland or surgical techniques from Israel are at issue.

The disability concerns and issues of many countries in the developing world, however are significantly different from those in the United States. For example, it is estimated that perhaps 60% of all disability in the developing world today occurs as a result of severe malnutrition. It may be difficult, for example, to correlate reciprocal funding requests for the study of Vitamin A deficiency in Indonesia or Iodine Deficiency in Nepal, with rehabilitation priorities here in the United States. While American rehabilitation specialists often have knowledge that would be of benefit in such cases, they frequently have been hard pressed within current funding guidelines to obtain financing that would allow them to transfer this knowledge to other countries.

Recommendation:

It is recommended that NGOs and federal offices work actively to promote disability issues as a significant concern in all United States government foreign policy initiatives. Realistically, federal government funding for foreign programs are often given with the expectation that benefits will also be derived for the United States. The correlation is not necessarily drawn on a one-to-one basis. For example, the United States government regularly funds child health programs, improved transportation systems or helps develop academic institutions in a foreign nation, in the belief that it is helping to build a better and more politically stable world for all. Disability can fall into this category. The Disability Rights Movement has effectively argued that individuals with disabilities are full members of society, not simply second-class citizens. If this is the case, funding by the federal government for rehabilitation efforts in other countries must be seen as a contribution not simply to "needy" disabled individuals, but to all of society. The return for investing in disabled initiatives overseas is not simply better rehabilitation at home, it is a better world for all.

Summary

In conclusion, the senior scholars taking part in this historical study, and helping to generate these recommendations for the future, agree that as the United States moves into the 21st century it is time to seek to reaffirm our ongoing commitment both as organizations and as a nation to disability issues world wide. More than words are required here. In a field where funding, expertise and technology are all in short supply, the duplication of efforts must be avoided. To that end there must first be organization and cooperate on a national level, with private voluntary agencies working in collaboration with internationally-oriented federal government programs, so that talents and energies are not squandered.

> *International programs must be instituted in a spirit of cooperation, with respect and consideration for differing approaches, beliefs and concerns.*

With a century of rehabilitation experience, an extremely sophisticated medical system and an eloquent and active body of disability advocacy groups and individuals, there is certainly much to share. There is also much to learn. International programs must be instituted in a spirit of cooperation, with respect and consideration for differing approaches, beliefs and concerns. Where traditional beliefs prohibit the equal participation of men and women with disabilities in broader society, the United Nations Declaration of the Rights of Disabled Persons provides a good working definition for all.

These recommendations are made with the best of hopes and expectations. Few countries are as rich as the United States in experience, expertise or technology. This country lacks neither in concern nor abilities.

Snapshots from the 1990 meeting on the history of U.S. involvement in the international disability/rehabilitation field

Meeting Co-Chairs Donald Galvin and Nora Groce

Meeting organizers: Judy Heumann, Mark Conly, Diane Woods, Barbara Duncan

There were moments of serious reflection and recollection. . . .

The Dybwads, Garrett and Boggs, Garrettson

Wilson, Connor, Acton, Flax and Wilke

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And some lighter moments as well, during the meeting and reception that followed. . . .

Participants all told at least one joke. . . .

At the reception Heumann and Dybwad take a point from Susan Parker, Associate Commissioner for Disability, Social Security Administration. In background is Evan Kemp, Chairman, Equal Opportunities Commission

Lou Enoff of the Social Security Administration gets the scoop from McCahill.

LaRocca the raconteur. . . .

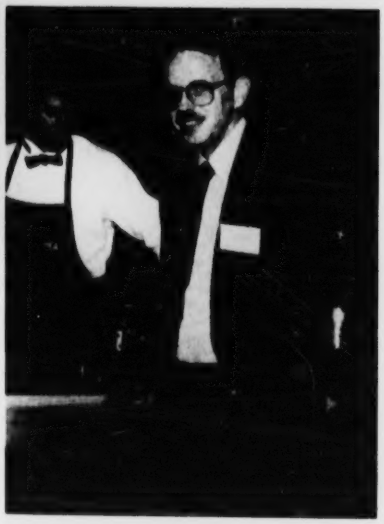
Larry Campbell of the Perkins School takes notes. . . .

Hammerman in a merry
mood. . . .

Warms screens old photos. . . .

Galvin regales Woods

Judge Leonard Suchanek and Eunice Fiorito confer. . . .



and Conly checks out
the bar.

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Brief Biographies

The biographies included in this section provide, at best, only the briefest of introductions to these "senior experts." The careers of the individuals featured here all deserve far more study, and without doubt, many of these people will be the subject of future biographies and historical reviews.

The section is divided into two parts. The first section includes biographic information on four people who were not interviewed directly as part of this study: Bell Greve, Henry Kessler, Howard Rusk and Mary Switzer. Each of these people played key roles in the generation preceeding that in which most of the "senior experts" who took part in this study, functioned, and all played significant role in defining the fields and fostering the careers of those people whose biographies appear in the second section of the Biographies. It would not be an exaggeration to state that the entire history and professional development of international, (and to a large extent, national) disability work in the United States would have been significantly different without their participation.

Of the four, only Dr. Rusk was still living when this study was begun. Unfortunately, his health was precarious and he was unable to participate in the interview series. Instead, information on him was gleaned from his autobiography, **A World To Care For,** *as well as from his writing and recollections of friends and families.*

Dr. Kessler had also written an autobiography, **The Knife Is Not Enough**, *and a very interesting biography of Mary Switzer was recently published by Martha Walker,* **Beyond Bureaucracy**. *A biography of Bell Greve is currently in process.*

These publications in addition to interviews and written records have been used to assemble the following section.

Interviews and written records also were used to assemble information for the following section, in which the current "distinguished elders" are featured. The information included here is a summary of the transcribed interviews done for this project and on file at the Rehabilitation International, World Rehabilitation Fund and World Institute on Disability archieves, as well as published and unpublished sources. The one exception to this is biographic information Virginia (Gini) Laurie. Laurie died shortly before this project was initiated—and in fact, as mentioned in the introduction, it was her death that prompted this project in the first place. Information on Laurie was assembled from written records and phone interviews with several of her closest associates.

Section 1: "Ancestral figures": There are a number of figures who played prominent roles in international rehabilitation roles in the generation preceding that of most of the individuals who were interviewed as part of this history. Included below are short biographies of four of these people: Bell Greve, Henry Kessler, Howard Rusk and Mary Switzer, because it is important to have some understanding of who these people, in order to place more recent history in order.

Bell Greve

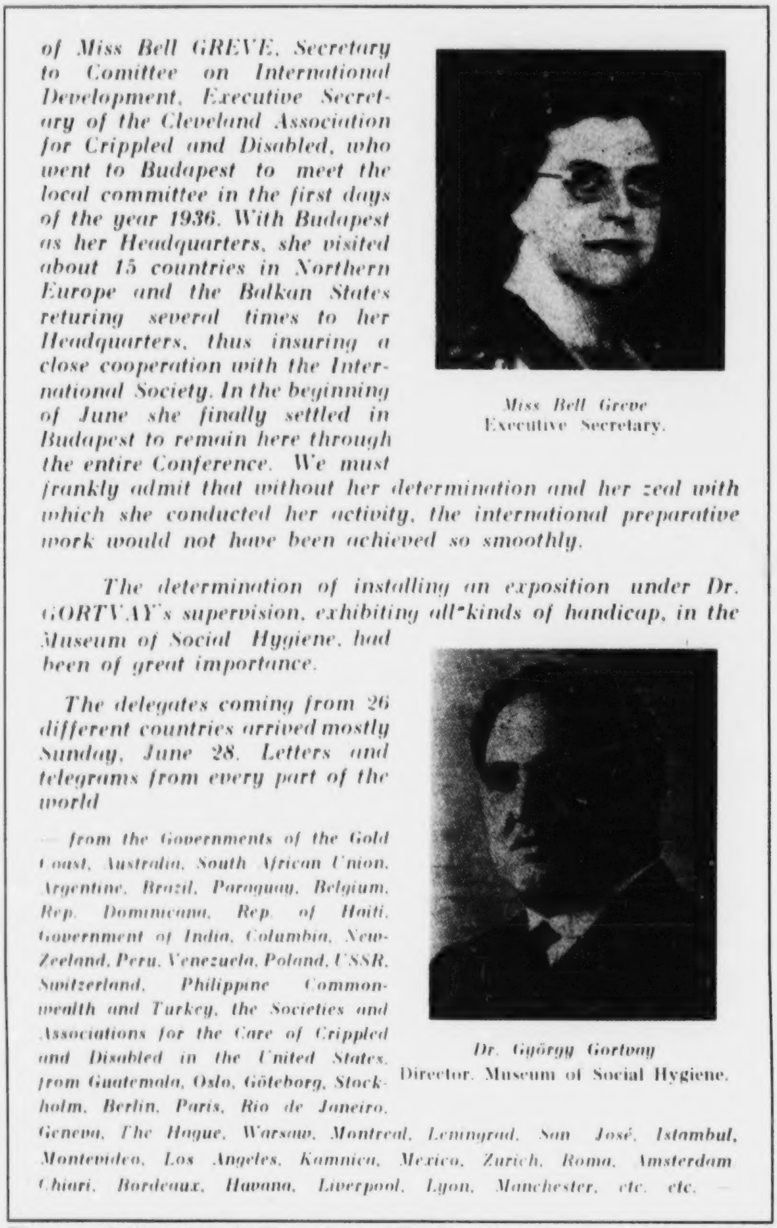
Bell Greve was born in Cleveland on January 4, 1894, the daughter of Louis F. and Margaritha Greve. She graduated from Glenville High School and attended Hiram College intending to become a missionary. In 1916, she began as a volunteer at Hiram House, a neighborhood settlement house in Cleveland and this sparked her interest in a career in social service and rehabilitation. Soon after graduating from college Greve took a job as a relief worker for the city of Cleveland, while at the same time, began taking night classes at the Marshall Law School. She received her law degree from Baldwin-Wallace College and passed the bar, although she never practiced law.

In 1921, Greve left Cleveland to become the director of the Red Cross Child Health Center in Hodonin, Czechoslovakia, where she helped develop traveling public health clinics serving remote mountainous areas. She returned to Ohio in 1924 to become superintendent of the Division of Charities in the State Welfare Department, where she spent the next five years working to improve services to children.

In 1929, at the beginning of the Depression, Greve took the job of Director of the Community Chest in Charleston, West Virginia and spend the next four years, in the depths of the Depression, trying to help deliver communities services to families in West Virginia. She returned to Cleveland in 1933 as executive secretary of the Association for the Crippled and Disabled, a position she was to hold for the next twenty years.

During that period, the facility expanded and pioneered in the use of many new therapeutic advances in rehabilitative care. Under Bell's leadership the Center enlisted the support of every profession, discipline, agency and individual, public or private in fining and serving the handicapped. A consummate organizer, she was instrumental in establishing local chapters of the polio foundation, the heart society and the society for crippled children, all headquartered at the Center. By 1946, when it changed its name to the Cleveland Rehabilitation Center, with Bell Greve as Director it was one of the two great rehabilitation centers, ranked on par with New York's Institute for the Crippled and Disabled.

Her international activities were as extensive as her regional and national work. She seems to have become active in the International Society for the Welfare of Cripples at some point after her return from Easter Europe in 1924. Her international perspective was probably invaluable to the early organizers of the Society, and she was soon lecturing on behalf of the Society. One woman



of Miss Bell GREVE, Secretary to Comittee on International Development, Executive Secretary of the Cleveland Association for Crippled and Disabled, who went to Budapest to meet the local committee in the first days of the year 1936. With Budapest as her Headquarters, she visited about 15 countries in Northern Europe and the Balkan States returing several times to her Headquarters, thus insuring a close cooperation with the International Society. In the beginning of June she finally settled in Budapest to remain here through the entire Conference. We must frankly admit that without her determination and her zeal with which she conducted her activity, the international preparative work would not have been achieved so smoothly.

Miss Bell Greve
Executive Secretary.

The determination of installing an exposition under Dr. GORTVAY's supervision, exhibiting all kinds of handicap, in the Museum of Social Hygiene, had been of great importance.

The delegates coming from 26 different countries arrived mostly Sunday, June 28. Letters and telegrams from every part of the world

— from the Governments of the Gold Coast, Australia, South African Union, Argentine, Brazil, Paraguay, Belgium, Rep. Dominicana, Rep. of Haiti, Government of India, Columbia, New-Zeeland, Peru, Venezuela, Poland, USSR, Switzerland, Philippine Commonwealth and Turkey, the Societies and Associations for the Care of Crippled and Disabled in the United States, from Guatemala, Oslo, Göteborg, Stockholm, Berlin, Paris, Rio de Janeiro, Geneva, The Hague, Warsaw, Montreal, Leningrad, San José, Istambul, Montevideo, Los Angeles, Kamnica, Mexico, Zurich, Roma, Amsterdam Chiari, Bordeaux, Havana, Liverpool, Lyon, Manchester, etc. etc. —

Dr. György Gortvay
Director, Museum of Social Hygiene.

This page of tributes from the Proceedings of RI's Third World Congress in Budapest in 1936 provides some insight into Bell Greve's dedication to international work and the Budapest meetings which attracted delegates from 26 countries.

many years later that "... one time, Bell came up to Grand Rapids for a meeting of the Michigan Society. I can recall her very well. She was a woman with a large bosom and a high-pitched soprano voice, with a great deal of enthusiasm too, I might say... She, at the meeting in Grand Rapids, had said, "If we only had $500, we could start the work in Bulgaria." I always thought of that in later years and what a little bit of money the International was looking for to do a great deal. (Seton:1988:23)."

Greve was heavily involved in organizing the World Congresses in Budapest in 1936 and in London in 1939. She also traveled widely in those years and in 1937 was directly responsible along with Nelly Micrulocki, for fostering the Hellenic Society for Crippled Children in Greece. She became the Secretary General of the International Society for the Welfare of Cripples in 1939, and held that post until 1951. Throughout the War years, it was Greve, using her own resources, contacts, skill and money that effectively kept the International Society alive and in 1949, it was Greve who was instrumental in reviving the Society and deciding that it should be moved to New York. She even selected a former junior colleague, Donald Wilson, to take over as Secretary General.

Her responsibilities in Cleveland and in running the International Society did not slow her actual overseas participation significantly. In 1941, Bell visited Greece as an advisor on rehabilitation of disabled war veterans. She returned in 1944 for 10 months, on loan to the United Nations, (UNRRA) to establish rehabilitation programs for civilians with disabilities. After the close of the War, she spent time on the staff of the Near East Foundation in Alexandropol, Armenia, running an orphanage for 4500 orphaned children. Donald Wilson recalls Greve mentioning to him how she would ride up into the Armenian hills on horseback and herd stray children into the Center. She stayed in Armenia until the Soviet Union took over and ordered foreign relief workers out.

She was also active through unofficial channels. Contacts in Europe, Latin America and Haiti kept her busy. For example, she organized a small, informal organization called "Friends of Haiti" to send donated food, clothes and medicine's to Sister Joan Margaret's St. Vincent School for Crippled Children.

In 1953, Mayor Celebrezze appointed her Director of Health and Welfare for the City of Cleveland, a position that among other things, decreased (but did not eliminate) the amount of time she had available to devote to the International Society.

Referred to frequently in the press as the "World Citizen of Cleveland," she became a close associate of Howard Rusk, Henry Kessler and many more. She seems to have boundless energy. Often at her work before dawn and she would work beyond midnight. Dr. Herman Flax recalls a quick visit he made anxious to see the Cleveland Rehabilitation Center, Bell Greve invited him to stop over quickly on his way home to Puerto Rico. The plane landed at night and Bell picked him up at the airport and whisked him to the Center. There she gave him a tour that lasted until the early morning hours, when she returned him to the airport to catch his flight. She went back to her office. She and Mary Switzer had a particularly close friendship, and Switzer flew to Cleveland several days before Greve's death to visit her in the hospital.

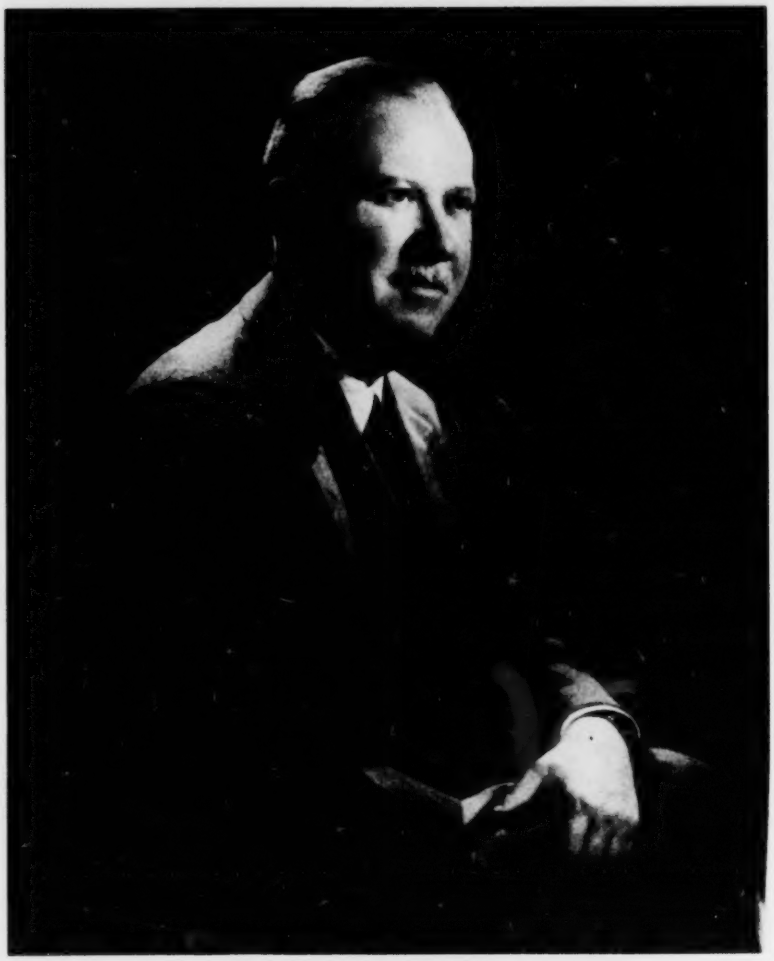
Norman Acton recalled Greve as " a social worker of the old school, and one of the magnificent batch of women who first came to the scene in the early part of the century. Martha Elliot who was founder of the Children's Bureau, Francis Perkins, first woman Secretary of Labor there were about a dozen women in the 20's and 30's who were very prominent. Bell was one of them."

Greve died of cancer at the age of 59 in 1957.

Henry H. Kessler, M.D.

Henry Kessler was born to Rumanian Jewish immigrants in Newark, New Jersey in 1896. He won a scholarship to Cornell University, and gained admission to Cornell University's Medical School class of 1919. Kessler worked his way through medical school, helped by the people at The New Jersey State Department of Labor, who found him a job as a night telephone operator. Although he eventually replaced that job with a better paying night factory job, the temporary job he held at the State Department of Labor put him in contact with two individuals who would play an important role in his future career, Colonel Lewis T. Brayant, the Commissioner of the Board and Dr. Fred H. Albee, already a world renown orthopedic surgeon.

After his internship at Newark City Hospital, arrangements were made for Kessler to continue his residency working with Dr. Albee. Working directly with Albee as his assistant, Kessler was also sent regularly to New York to study at the Institute for Crippled and Disabled. Albee, who had established United States Army Hospital No. 3 in Colonia, New Jersey during World War I was able



Dr. Kessler, circa 1940.

to convince the state of New Jersey that the rehabilitation work begun at the war-time hospital should be continued after hostilities ended. The state was thus the first in the nation to fund a rehabilitation clinic, proceeding the national Vocational Rehabilitation program by a year. Unlike the Federal program which was limited to vocational rehabilitation, the New Jersey program under the influential leadership of Albee was far more progressive, providing medical and rehabilitative care and vocational guidance.

Kessler began as a staff physician under Albee in 1919 and became Medical Director of the program in 1923. His pioneering work in several orthopedic surgical techniques, particularly in cineplasty, the surgical technique which permits muscular control of artificial limbs, and his writings on surgical care of disabled patients brought him national and increasingly, international fame.Although Kessler's reputation came from his medical expertise, it was his ability to see beyond the immediate medical issues that made him a leader in the rehabilitation field. He quickly became involved in the growing controversy over worker's compensation. Although Congress had passed the initial Vocational Rehabilitation Act for workers in 1920, it was still a heated topic. Kessler's advocacy was welcomed by his patients, although fellow physicians did not always greet him with equal enthusiasm. The president of the local county Medical Society at one point suggested that he should give up the "damn social nonsense" if he wanted to remain in the Society. Interest in the policy implications of rehabilitation lead to his returning to graduate school at Columbia part time, where he finished his doctorate in policy studies in 1934.

Kessler had already established a growing reputation as an expert in orthopedic surgery and rehabilitation when, in 1928, he accompanied Dr. Fred Albee to Europe to attend a Congress in Budapest. It was Kessler's first trip overseas. It was Albee's eighteenth. Within a few years, Kessler also found himself traveling to Europe regularly to attend meetings, present lectures and discuss surgical and rehabilitative issues with colleagues. By the early 1930's he had become very involved with the International Society for the Welfare of Cripples, and joined their Board of Directors.

When World War II began, Kessler's own life change dramatically. A member of the Naval Reserves he was soon called up for active duty. According to his account in his autobiography *The Knife is Not Enough*, he was initially placed on board a ship in New York harbor giving physical exams to inductees. A well intentioned father of a former patient learned of Kessler's assignment and felt that a man with Kessler's skills was being underutilized. Intent on doing Kessler a favor, the parent spoke with a Congressman he knew. Soon Kessler found himself in the South Pacific doing frontline surgery. After some time, the Navy transferred him back to California to developed an innovative rehabilitation program for more than 3,000 amputees at the US Naval Hospital at Mare Island, California. His work at Mare Island was innovative and very successful.

Kessler returned to his private practice in 1946, hoping to build on ideas he had developed while in the Navy. The concept of rehabilitation however, had yet to reach the private practitioners and local hospital administrators. Kessler was troubled by the road blocks and red tape he quickly ran in to within the hospital system. He was further discouraged to learn that the state workman's compensation program for which he had campaigned for almost twenty five years, had been abandoned in his absence. Kessler decided that he wanted to design and run a medical program that reflected his own ideas. In 1949, he opened his own clinic, The Kessler Institute for Rehabilitation, a non-profit, rehabilitation facility. It was, he stated, removed "from the red tape and other problems which invariably are associated with government control of such establishments." The clinic opened its doors in West Orange, New Jersey, twenty miles from New York City, with a small building and 5 patients all coal miners referred by the United Mine Workers Union. It would eventually grow into an institutions with dozens of staff members, serving thousands of patients and training rehabilitation professions from over thirty countries.

Dr. Kessler and Norman Acton in 1969.

Kessler's international activities resumed after the War as well. He regularly attended international conferences and meetings. As president of the International Society from 1948 to 1951, he was instrumental in supporting Bell Greve in her campaign to hire professional staff and move the Society from Ohio to New York. His international work soon expanded to include active participation in the new United Nations consultant system. He eventually served as a consultant in over thirty countries, and helped to establish rehabilitation centers in Yugoslavia, Indonesia, India, Greece, and the Philippines. He was also active as a consultant to the World Veteran's Federation.

Kessler was by nature a modest man, highly respected by all who knew him. He would insist on paying his own way to all meetings a major help to fledgling organizations struggle to gain a foothold. Interested in the world around him, he not only wrote extensively for the surgical and rehabilitation fields, but also turned out books and articles on local New York history. Occasionally, he combined his interests. For example, he had long been disturbed by two portraits of the early New York governor, Peter Stuyversant. One painting showed Stuyversant missing his right leg, the other his left leg. Kessler decided the subject worthy of a short lecture, and tracked down the fact that it was in fact the governor's right leg that had been amputated. By that time, however, Kessler had become so interested in the man that he eventually learned Dutch and gained access to the Dutch Royal Archives. In 1959, Kessler published a book, *Peter Stuyvesant and His New York* through Random House on the subject.

Henry Kessler retired as Medical Director of the Kessler Institute in 1970, although he continued to maintain his office and serve as an international consultant for many years after that. Kessler's first wife, Jessie, was very supportive of his work in rehabilitation. After her death, he eventually remarried and his second wife, Estelle

Kessler, herself became an important figure in rehabilitation efforts in the United States, and was actively involved in international rehabilitation efforts as well. He died in 1978 at the age of 81. Estelle Kessler continues to work in rehabilitation.

Howard Rusk, M.D.

Dr. Rusk in 1957.

Howard Rusk was born in Brookfield, Missouri in 1901. He graduated from the University of Pennsylvania Medical School in 1926 and set up a solid internal medicine practice in St. Louis. Although older, married with four children and an established practice, Rusk volunteered for duty immediately after Pearl Harbor, and joined the Air Force. He soon found himself Chief of Medical Services at Jefferson Barracks in Missouri. Working in the 1,000 bed Air Force hospital, Rusk was troubled by the number of patients who were no longer seriously ill, but not yet in shape to go back to active duty. He gradually began inventing projects to keep his patients busy, while productively utilizing their time, using the motto "out of bed and into action." For example, Rusk had models of enemy aircraft hooked to a pulley system on the ceiling which allowed them to be rotated daily. His men learned to recognize enemy aircraft while lying in their beds. Rusk was so pleased with the outcome of such projects, that in 1942, he wrote up a page and half on his program to present at the Southern Medical Association meetings. On his way to the Meetings, he stopped briefly in Washington to give a copy of his paper to his Air Force superiors. Rusk's paper cross the desk of General David Grant, and Rusk was soon ordered to Washington to help initiate his program in all Air Force hospitals. Rusk later recalled the assignment as "the moment that changed his life."

As the war years continued, Rusk was instrumental in making rehabilitation widely known throughout the Air Force medical system. He became increasingly knowledgeable about the field, and an eloquent spokesman on its behalf. He was, of course keenly aware that he was not the first person to be concerned with rehabilitation. Although the both physical therapy and vocational rehabilitation were known fields at the time, they were not well integrated into medical practice and most physicians were unaware of them. Those few who knew of them considered them as an afterthought, rather than an integral part of medical treatment. Rusk not only saw the medical, psychological and social importance of rehabilitation as a cornerstone for treating individuals who were disabled, he viewed these fields as important components from the outset of treatment. Unlike the few physicians involved with rehabilitation at the beginning of the war, Rusk was an internist, rather than a surgeon, and hence was in a unique position to think in holistic, rather than surgical terms about the population he served.

Rusk established a solid reputation in Washington during the War, and at the close of hostilities, he remained on . He chaired the Health Resources Advisory Committee, reporting to the President on physician draft laws, and other health concerns. He was also instrumental in having rehabilitation extended to all branches of the armed services and establishing rehabilitation within the Veterans Administration.

After this, Rusk's future was less assured. He was not anxious to return to his private practice in Missouri. Convinced that rehabilitation medicine was vitally important, he wanted to work in a program that would both deliver good quality rehabilitative medical care, and train others. However, rehabilitative medicine was not an established field, and there were no medical schools or large hospitals that were interested to setting up a new program in the still relatively unknown field. In his autobiography many years later, Rusk recalled that he found it exceptionally hard to interest colleagues in the "rehabilitation concept."

Fortunately, Rusk was able to work out a collaboration with the New York University Medical School, aided in part by a small grant from the Baruch Committee. In early 1945, Rusk became Chair of the new Department of Physical Medicine and Rehabilitation. In March of 1949, Rusk was able to open his Institute, a 34 bed facility located on Thirty-Eighth Street in a former bath house. Even on its opening day, the facility was full, with almost all the beds filled with seriously disabled members of the United Mine Workers who had been sent north by the union for treatment.

Rusk's New York facility grew quickly. Rusk was innovative and inspirational, and was also fortunate to have extremely competent and dedicated professionals on his staff, men such as the physician George Deaver and James Garrett, a leading innovator in rehabilitation counseling and psychology. The census at the Institute grew so rapidly, that Rusk and his staff were soon swamped by referrals. Work began on a new, 2 million dollar permanent institute on Thirty-fourth Street by late 1950, and new Institute opened in early 1951.

In addition to his other abilities, Rusk proved to be a powerful writer and speaker, and would use any platform he could to "sell" the idea of rehabilitation to policy makers, members of the medical profession and to the general public. In 1945, he began as a Medical Contributor to The New York Times, and for three decades produced a regular weekly column for the paper, frequently using it as a bully pulpit from which to sell the idea of rehabilitation. (Actually, much of the credit for Rusk's column and other papers must go to Eugene (Jack) Taylor, Rusk's right hand man, who in fact, did much of the actual writing for Rusk throughout his career). Rusk's campaign on behalf of rehabilitation soon bore fruit. In 1947, the field became formally recognized as a boarded field within established medicine. Known as the American Board of Physical Medicine and Rehabilitation, medical schools around the country began offering courses and residencies in the field. Central in much of the action, Rusk's Institute soon began attracting physicians from throughout the country who wanted to gain formal training in the new discipline. Quickly, its reputation spread, and soon, dozens of foreign students began to apply as well.

By the late 1940's, Rusk had begun a new phase of his career, increasingly serving as an international expert in the field of rehabilitation medicine. In October, 1949, the government of Poland issued an invitation, through the United Nations for Rusk to come for a site visit. It was one of Rusk's earliest trips, and a very productive one, as he met Dr. Wiktor Degas. His translator on the trip was a young Polish administrator named Aleksander Hulek.

Rusk's travels to Poland were soon followed by regular globe hopping expeditions, with Rusk serving as an expert to the United Nations, the US State Department, as well as responding to invitation by foreign governments and by colleagues and former students. Rusk's early ties with Mary Switzer proved particularly productive. Rusk had known Switzer during the War when they had both worked in Washington, and they held a mutual respect for one another that was to last throughout their careers. Switzer relied on Rusk's insight and expertise in medical rehabilitation, and regularly called on him for foreign assignments, as well as for help and support with domestic rehabilitation issues.

Eugene "Jack" Taylor

Rusk's international work also extended to his work with the International Society for the Welfare of Cripples. Rusk was an important figure in the International Society as it revived in New York during the late 1940s. By the early 1950s, he had become heavily involved and in 1954 began a term as President of the International Society that lasted until 1957. Rusk was well connected and an excellent fund raiser, and his contacts and reputation helped the renewing Society get back on its feet. For example, Rusk felt that the new Society should have more visibility on the New York non-profit scene, and he and Donald Wilson organized a regularly series of monthly cocktail parties to familiarize colleagues from other agencies and non-profits with their work. Rusk, whom Wilson recalls "could charm a bird out of a tree," managed to convince Maurice Pate, then Secretary General of UNICEF to come to one party a feat in itself, as Pate was apparently an extremely busy man. Always on the lookout for contributions, when Pate accidentally broke one of the Society's inexpensive wine glasses, Rusk gently suggested a donation of money to the Society would help replace it. A $50 check for the broken glass soon arrived from Pate.

In December, 1955, Rusk initiated the World Rehabilitation Fund as a component of the International Society, with the intention that the new fund would be responsible for the delivery of rapid and direct rehabilitative medical assistance and training the orthotics and prosthetics. Rusk gave credit to several people over the years for the initial idea, including the United States Ambassador to Thailand, William Donovan, who brought a group of people to Rusk's Institute to receiving training in the early 1950s, and to Mrs. Albert Lasker. The idea well might have been Rusk's own. Whatever its origins however, Rusk became intrigued by the idea of organizing a nonprofit rehabilitation agency to support training programs worldwide. Initial funding came from a $14,800 grant from Harry Lasky, and Rusk was soon campaigning for monies from leaders in society and industry. Each individual fellowship could be supported by a contribution of only $5,000, and the Fund soon began to grow.

Dr. Rusk and Mrs. Alva Gimbel of the USA meet with Karl Montan of Sweden in Stockholm in 1951. Karl Montan, Director of the Swedish Handicap Institute, was the founder of the RI Commission on Technology and Accessibility (ICTA) which conducted the international project resulting in the Symbol of Access.

The distinction between the Society and the Fund may have begun in 1955, but it was in 1957, when Rusk's term as President of the International Society concluded that the two organizations formally split, although Rusk remained on the Society's board until 1959. It appears that Rusk simply incorporated the Fund under his own name, with the intention that it would function separately from the Society in future years. The split was not received well by the Society's Secretary General Donald Wilson, who appears to have learned of the incorporation somewhat after the fact. The exact circumstances remain cloudy, however, there was some tension, between at least certain members of the two organizations for some years after that.

Rusk put most of his future energies into running the new World Rehabilitation Fund, and did a very good job at it. For the Fund's Board of Directors, Rusk assembled a truly distinguished group of internationally known figures such as Harry Truman, and Dr. Albert Schweitzer. The Funds Honorary Chairman was Herbert Hoover. An American based organization with programs in dozens of countries, the World Rehabilitation Fund estimates that over the years, it has trained professionals in 150 countries, including more than 6,000 specialists in prosthetics and orthotics techniques. Their work has eventually touched the lives of millions.

Rusk continued his work at the Institute and at the World Rehabilitation Fund for many years to come. He traveled regularly and widely, including an important trip to newly opened China in the 1970s. He took great pride in his international contacts, and maintained a collection of dolls in traditional costume sent by colleagues and former students, which he showed with considerable pride. His Institute continued to grow, and over the years, trained more than a thousand physicians in various aspects of physical and rehabilitative medicine from 85 countries, more than 95% of whom returned to their own nations to practice and teach. Although in failing health, Rusk regularly came to his office at least a few days each week to within several months of his death. Rusk died in 1990.

Mary Switzer

Mary Switzer was born in Newton Falls, Massachusetts on February 16, 1900 to a family of

Mary Switzer, photograph courtesy Margaret Washington

Irish Protestant descent. She and her sister Anastasia (Ann) were raised by relatives after their mother's death, and Mary was heavily influenced by an uncle who was committed to a number of Irish and social causes. She attended Radcliffe College and graduated in 1921. Her 48 year involvement with the federal government began shortly after her graduation, when she moved to Washington to begin a job as an assistant to the Secretary with the Minimum Wage Board. Intelligent, hard working and politically astute, she advanced to a position of junior economist within the Treasury Department. She also devoted time to causes outside of her job, serving for some time as executive secretary for the Women's International League for Peace and Freedom. Her first living situation in Washington also had later implications for her, for she boarded at The H Street Club, a respectable boarding house run by the American Association of University Women. The Club, in addition to having permanent boarders such as Switzer, also was used as a hotel by many professional women in Washington for short periods of time. It was through club activities and the club dinning room that Mary met many influential women of the day, including Tracy Copp, an administrator with the new Vocational Rehabilitation program established by Congress. Copp and Switzer would remain friends for the rest of their lives, and it was through Copp that Switzer began to learn about rehabilitation in the early 1920's thirty years before her career placed her in direct contact with the professional rehabilitation community.

Switzer moved slowly up the ladder within the Treasury Department, and by 1934 was named assistant to the Assistant Secretary of the Treasury, among whose responsibilities was the supervision of the United States Public Health Service. In 1939, the Public Health Service Agency was transferred to the Federal Security AGency, the forerunner of the Department of Health, Education and Welfare, and Switzer was transferred with it. In the new agency, she became Assistant to the Administrator, and worked throughout the War years on medical and health manpower issues, including the difficult task of being the liaison between the government and the American Medical Association, two organization not known for their flexibility and willingness to cooperate. It was in the capacity that Mary Switzer first met Howard Rusk, with whom she would collaborate frequently in subsequent years.

In late 1950, Switzer was named the Director of the Office of Vocational Rehabilitation within the Federal Security Agency.

From the start, Switzer made sweeping changes, and vastly expanded and improved services. Soon Switzer's program began to get Congressional attention, for although a comparatively small program, it was designed to encourage self-sufficiency. At a time when there was growing opposition to increased welfare and public assistance programs, Switzer's program was a shinning example of how relatively small amounts of money invested in people could be repaid many times over, with disabled adults being turned into 'productive citizens' and 'taxpayers.' Part of Switzer's genius as an administrator was that she was insistent that good records be kept, thus enabling her to make a strong argument that her programs were effective. For example, one of her first decisions when she became Administrator was to undertake a study of the nation's rehabilitation needs, and she used this information repeatedly for future planning and fund raising.

Switzer, in addition to being a good administrator, and a keen strategist, was also a very effective public speaker, and was particularly effective before Congressional committees and public audiences. Utterly dedicated to the benefits of the field of rehabilitation, smart and always well briefed in her subject, she was both eloquent and unshakable. The results were impressive. Howard Russell recalled that "if you sent Mary up (before Congress), with a budget of 18 million, she came back with a budget of 36 million. That was one of the famous things, if you wanted more money, send Mary up to the Hill because she could get it." Within a period of fifteen years, support for the program increased almost fortyfold.

Switzer was more than simply a good administrator, however. She also had a vision of where the field of rehabilitation should go, and over and above that, a vision of what she thought life should be like for Americans with disabilities. Having considerable discretion as to what she and her Office were able to fund, she supported programs that encouraged cross-disciplinary and cross-disability contacts; she initiated and supported funding programs for university training in many disability-related fields. She was among the first to clearly identify and support mental retardation issues as being a significant part of the disability agenda and not simply falling under the domain of education. Under her instruction, projects such as captioned films for the Deaf, and the American Theater for the Deaf received initial seed money; and early independent living agendas were fostered. She encouraged ties with many nonprofit agencies and organizations, often providing federal monies to foster their private programs and activities.

Her first introduction to international rehabilitation was at the meeting of the International Society of the Rehabilitation of the Disabled in Sweden in 1951. She was impressed by the number of people who had traveled from all corners of the globe to participate, and felt that, as Rusk later phrased it, "here was the greatest opportunity to promote world understanding that would transcend race, creed, color, religion or political boundaries... she was a zealot with total dedication for the rest of her life." (Rusk: 1972)

Switzer regularly attended international conferences from that time forward, and urged, (and funded) her staff members to do the same. She became active in many international arenas and even helped draft the constitution of the World Health Organization. She felt keenly that United States support of rehabilitation programs overseas were of critical importance, not only because they might be of benefit to disabled persons, but because them were excellent examples of democratic principals at work. America believed in the potential and capacity of each individual, she would argue, what better way to show it? It fit well with the tenor of the times, and throughout the height of the Cold War, Switzer, with strong backing from Rusk, would argue this before Congress. As discussed in the text, it was Switzer who

Mary Switzer and Dr. Francis Bach of United Kingdom, 1957.

sheparaded the large federal support programs for international rehabilitation research and services through Congress, and it was under her direct supervision that the PL 480 program was initiated.

Mary Switzer moved up higher up the federal ladder when the Office of Vocational Rehabilitation was reorganized within the Department of Health, Education and Welfare, and was renamed the Vocational Rehabilitation Service. Switzer was given the new title of Commissioner. In August 1967, Switzer was appointed to the most senior position she would hold within the federal government, assuming responsibility for the new Social and Rehabilitation Service, an umbrella service composed of four different social service programs, income support programs for needy Americans, rehabilitative services for Americans with disabilities and specialized services for mothers and children, youths and the aged. All the programs in the agency were designed on rehabilitation principles. Switzer went from administering a budget of 300 million to one of $6 billion overnight.

In 1970, changes in the political hierarchy in Washington lead to the reassignment or "voluntary" early retirement of many senior administrators. Switzer was caught in the middle and although anxious to remain, she was forced to retire. She stepped down only to assume the office of Vice-President of the World Rehabilitation Fund's Washington office, which was opening in Washington. Unfortunately, within the year, Switzer was discovered to have an advanced form of cancer and died.

Switzer is remembered today by her colleagues and many older members of the field, with an enormous amount of admiration and affection. As Howard Russell recalls "she stood out like a shining beacon, she overshadowed everybody else." Howard Rusk, a close friend and colleague till the very end, referred to her as "a magnificent lady" (1972:214). The entire international rehabilitation scene in the United States throughout the 1950s, 60s and 70s would have been greatly different had she not been a participant, and her influence continues to be felt today.

The Next Generation:

Norman Acton

Norman Acton was born in Denver, Colorado, October 29, 1918. His mother died when Acton was quite young and his father, a traveling salesman originally working the mine country of Colorado, moved with his son from Denver to Kansas City to Des Moines and finally Chicago for work. Acton planned to become a newspaper man, and in 1935, entered the University of Illinois in Urbana to study journalism. He would have graduated in 1939, however at the beginning of his last semester he decided to attend Mardi Gras and took off for New Orleans. Once away from the college campus, Acton decided to take a year off before returning to finish his degree. He found a job in Chicago doing public relations and sales for a textile company. Then the war broke out.

Norman Acton, circa 1965

Acton entered the army in 1943, intending to be sent to the front lines. Instead he was assigned to what he recalls was "the softest job in the Army": editing a newspaper in Puerto Rico. He campaigned vigorously for a change of assignment and was finally sent to infantry officers' school at Fort Benning. From there he was sent to the South Pacific. Acton was in the Philippines by the end of the War, and was among the first troops to be sent to occupied Japan. Trained, in the course of various Army assignments, for military government, Acton was assigned to be the Chief of the Economics and Labor Section in Gi Fu Prefecture, Japan. Acton finished his stint in the Army, but elected to stay on in Japan for a time, working as a civilian employee of the military government.

After several years, Acton returned to the United States to complete his education. He finished his undergraduate degree at the University of Illinois and had all but completed his master's degree in sociology at the same school when Donald Wilson, the new Secretary General of International Society for the Welfare of the Disabled invited him to come to New York. Wilson had recently joined the Society and had secured a small grant from the International Refugee Organization to help resettle disabled war refugees and their families in the United States.

Acton and Wilson had met in the Army's military government training school and they had both been stationed in Japan, although in opposite ends of the country. Acton had no background in disability issues, but the job itself called for someone skilled in public relations, and Wilson thought Acton was just the man. In 1950, Acton moved to New York as Executive Director for the United States Committee for Resettlement of the Physically Disabled, with the additional responsibility of assisting in the day to day work of the International Society. Although Acton's position sounded formal, in fact the entire staff for the 18 month project was a half-time secretary and himself. Throughout 1950 and 1951 Acton toured the country promoting refugee resettlement and was able to successfully placed some two hundred people.

At the same time, Acton gradually assumed increasing responsibilities within the International Society itself. In 1951 he was given the formal title of Assistant Secretary General, and worked as a 'jack of all trades' within the small Society. He recalls that he was Wilson's "alter-ego," sitting in on events, conferences and meetings that Wilson's increasingly busy schedule did not permit him to attend. Acton's journalism background proved to be an advantage, as he was soon producing a much improved version of what was

One of Norman Acton's major achievements was the creation of international campaigns that brought disability issues to the attention of heads of state and government. Shown above are Dr. the Hon. Harry S.Y. Fang, then President of RI, and Norman Acton presenting the Declaration of the Charter for the 80's to the Prime Minister of India Indira Gandhi.

initially a short mimeographed newsletter, as well as other publications.

Acton took primary responsibility for the Society's liaison with the United Nations and UNICEF, in the very years when the international body was beginning to voice an interest in disability issues. As a representative of the Society, he authored the first United Nations publication concerning disability in 1953. Concerned that the United Nations and its affiliated organizations would be besieged by large numbers of disability organizations with differing agendas, Acton was also instrumental in the founding of the Council of World Organizations Interested in the Handicapped in 1952, which represented the first forum for international cross-disability and cross-disciplinary disability advocacy. The Council was a forum through which disability organizations could agree upon common goals, and then bring their shared concerns before the United Nations.

In 1954, Acton was offered the Directorship of the United States Committee on UNICEF, and decided to leave the International Society in order to take it. His parting with the Society was a very amicable one, and he remained in close touch with his colleagues in the rehabilitation field through the coming years. While at the United States Committee on UNICEF, Acton worked in public relations and fund raising arenas, overseeing a number of very successful programs, including the 'Trick or Treat for UNICEF' Halloween fund raiser, remembered by a generation of American school children. In 1958, Acton moved to Paris to become Deputy Secretary General of the World Veterans Federation. By 1961, Acton had become Secretary General of that organization, and was active in developing and promoting policy that emphasized economic development, human rights and rehabilitation topics that would soon become dominant issues in the disability field as well.

In 1967, Donald Wilson called Acton in Paris to inform him that he would be leaving the International Society. Acton and Wilson had stayed in touch over the years, and Acton regularly attended the World Congresses of the International Society to keep abreast of the field and in touch with colleagues and friends. Now Wilson wanted to known whether Acton was interested in becoming the Society's next Secretary General. Acton told Wilson he was not interested. It was therefore with considerable surprise that Acton arrived at the opening reception of the 1967 World Congress of Rehabilitation International in Weisbadden, West Germany, to be inundated by colleagues offering their congratulations. He had been elected to the office before his arrival. Dr. Gudmund Harlem, the new President-Elect and an old and trusted colleague eventually talked Acton into taking over the post, which he would keep until his retirement in 1984.

Acton's influence on the International Society was significant. Under his directorship, the Society was renamed Rehabilitation International. He, with the support of Gudmand Harlem, was insistent that Society policy be formulated by a more international representation, and distanced the Society from the relatively close ties it had maintained with the United States government during the 1950s. The scope of the organization widened to include more countries and more centers of activities.

Concerned with the lack of accurate data in the field, Acton conceptualized and conducted the first world-wide survey on the extent of disability internationally which produced the frequently referenced statistic that one in every ten persons world wide lives with some type of significant disabling condition. This was supplemented by a global survey of key issues in disability, undertaken in conjunction with the United Nations and the Council of World Organizations Interested in the Handicapped. This, in turn, led to path breaking expert meetings, conferences and publications on barrier free design, the social and economic consequences of investments in rehabilitation, on legislation concerning people with disabilities, and the international movement of equipment needed by people with disabilities. In addition he conceptualized the Rehabilitation International's Charter for the 80s, and, in conjunction with Susan Hammerman, a study for UNICEF of the situation of disabled children which resulted in the adoption of the UNICEF Executive Board of a new strategy in this field. Acton guided Rehabilitation International through the decades when the very fields of rehabilitation and disability advocacy were being redefined by the Disability Rights and Independent Living movements, and he was instrumental in making Rehabilitation International far more responsive to the changing field. Acton also was instrumental in helping to design and oversee much of the activity that took place during the International Decade of the Disabled, and played a key role in drafting many of the most significant pieces of disability policy issues that were issues by the United Nations during the course of the decade. Although Acton formally retired in 1984, and now lives in Florida with his wife, he continues to be an active participant and consultant in disability affairs internationally.

Irving Blumberg

Irving Blumberg was born December 16, 1906 in New York City. He received his bachelor's degree in social science from the City College of New York in 1928, and continued his studies with graduate courses at Columbia. Although by profession a printer with a business in New York City, Irving Blumberg has volunteered much of his free time for the last forty years, working on behalf of the mentally ill adult and child.

Blumberg's interest in mental illness issues began early, prompted by his concern for his mother who suffered from a depressive illness. The social isolation and misunderstanding that she encountered and the toll it took, seemed to Blumberg far more severe than the actual mental illness itself, and he gradually became involved in advocacy issues. Long before mental illness became a topic that was openly discussed, Irving Blumberg was in the fray, insisting not only that care and services be provided, but just as importantly, advocating for humane treatment and civil rights for the mentally ill. Moreover, Blumberg was in the forefront of advocates who emphasized that the mentally ill person must be considered and dealt with as a member of a family and a community, not simply as an isolated individual in need of specific services. Summing up many of the issues on which he has dealt for the last four decades, Blumberg told an international meeting in 1989, "we have accepted, with too little resistance, such dehumanizing and fatalistic terms as "recidivism," chronic schizophrenia," "chronic mental illness," "beds"—as a presumed measure of progress, "case management"—as if human being were "cases" and had to be "managed", and mental health "consumer"—as if the ill person was a shopper in a supermarket. He stressed an "equal partnership" of parents, relatives, advocates and those who are thus disabled. (Blumberg: 1989).

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Irving Blumberg

Blumberg's most significant contribution lay in his talent for organizing groups and societies that served as a forum for issues of mental illness. He was instrumental in the founding of the International Committee Against Mental Illness. He played key roles in organizing the World Rehabilitation Association for the Psychosocially Disabled, and the World Federation for Mental Health, as well as a number of local and national groups within the United States, such as the National Alliance for the Mentally Ill. In collaboration with his colleague Nathan S. Kline, MD, Blumberg organized and ran the first International Conference on Productive Participation Programs for the Mentally Ill in Helsinki Finland, in 1971 as well as a number of other national and international conferences on community care issues. He served for many years as the editor of *The International Psychiatric Rehabilitation Newsletter.* Blumberg also held an appointment as an assistant professor at the New York School of Psychiatry, teaching on public policy and community issues.

In addition to his organizational work, he has served as a consultant to a wide variety of parent, consumer and citizen organizations, to legislative committees and to individual legislators on matters or public policy, funding programs and legislation in the field of mental health. On a national scene, Blumberg served on the President's Committee on Employment of the Handicapped, and as a delegate to meetings such as the White House Conference on the Handicapped and the President's Commission on Mental Health.

In addition to his participation locally and nationally, for many years, Irving Blumberg was the individual who was called upon to represent mental health issues within the larger disability community. He, with a number of European colleagues, was a member of an informal group, who advocated for the inclusion of mental health issues on the World Health Organization agenda, and insisted that mental illness be included as a distinct category within the Decade of the Disabled. In 1989, Blumberg was instrumental in writing and passing *The Declaration of Barcelona on the Rehabilitation and Human Rights of the Mentally Ill* at the World Rehabilitation Association for the Psychosocially Disabled, which clearly delineates a new direction in the treatment of those who have a mental illness, stressing the right to equal treatment, social support and civil rights within the larger community. Although retired from work, Blumberg continues to be an active advocate of mental health issues. He lives with his wife in Manhattan and continues to travel internationally on behalf of mental health groups.

Elizabeth Monroe Boggs

Elizabeth Monroe Boggs was born in Cleveland in 1915, and moved with her family to Rye, New York as a young child. She received her bachelor's degree from Freemont College in 1935, winning a scholarship that enabled her to study in Europe. She went to Cambridge University in 1935 intending to stay briefly, but remained until 1939, completing her doctorate in theoretical chemistry and mathematics just as war was breaking out in Europe. Despite anxious pleas from her parents to return home, Boggs, who was engaged in war related research would have stayed, save for the fact that England, flooded with refugees and fearing spies, barred foreigners from all work on war related projects. Boggs returned to the United States in December of 1939 and reported to the research project at Cornell where she had been scheduled to begin the previous September. Her laboratory space had been given to a graduate student in her absence, and she soon found herself sharing lab space with Fitzhugh Boggs, her future husband.

Dr. Boggs

They were married in 1941, and the following year, moved to Cleveland to continue work on war related research. So top secret was some of their work, that Elizabeth found at times she could not mention the arrival of European colleagues to Fritz, for fear that he might guess what type of research was going on. (Elizabeth's division were helping to design the implosion device for the Atomic bomb).

David, the Boggs' only child, was born in 1945, several weeks after the close of the War. Healthy at birth, her baby ran an extremely high fever in the neonatal period and by ten days of age had suffered profound brain damage. Ironically, if he had been born only a few weeks earlier, it is probable that he would not have survived. The close of the war, however, allowed newly developed antibiotics, previously reserved for military use, to be distributed to the civilian population. The Boggs' son was among the first to receive the new drugs, although not in time to prevent his permanent disability.

The extent of David's injuries however, were not clear for some time, and they initially assumed that he would not have problems. A short time after the birth of their son, the Boggs moved to New Jersey where Fritz was scheduled to begin a job. Elizabeth planned to take a short break from work as she cared for their new baby and coped with the immediate post-War housing shortage. Months turned into years however, as it became increasingly apparent that David was not developing normally. Moreover, the answers the Boggs sought from physicians and educators seemed more and more unsatisfactory. In the late 1940's virtually no programs existed for the care or education of retarded children, particularly those who had more severe forms of mental retardation, and parents, often fearing that they would be cut off from those few programs and professionals available, were reluctant to openly advocate on their children's behalf.

Boggs, a well trained scientist, was keenly aware that the answers she was getting, were unsatisfactory and unfounded. She became increasingly active and aware. To better fit herself for the task, she returned to school while her son was still a toddler, to take classes in special education and social work administration. She began to help organize classes for her son and others in her own home and in locally available church basements and boy scout halls. She and her group were trying to provide education to over fifty retarded children, their ultimate goal being to get them registered at public schools.

Her involvement locally lead quickly to her involvement nationally, and a growing interest and full time volunteer involvement in issues of legislation and public policy. She was one of the founders of the National Association of Retarded Children in 1950, and in 1958 became its first woman president. She served on its Governmental Affairs Committee from 1965 to 1979.

She was a member of President Kennedy's Panel on Mental Retardation in 1961-62, of the National Child Health and Human Development Council (NIH) from 1967 to 1971, and of the President's Committee on Mental Retardation from 1975 to 1976.

Boggs was a leading national and international figure within the world of mental retardation advocacy and research and a key liaison with others in the disability rights and independent living movements. She regularly attended meetings, spoke at public forums and before Congress. Boggs was also instrumental in moving legislation forward for mentally retarded children and adults both in the United States and within the United Nation systems. Her early interest in education grew to include issues of independent living and group homes, the status and rights of adult mentally retarded men and women and to issues of guardianship for older mentally retarded individuals whose immediate family is no longer alive.

In 1988, Boggs became the Acting Director of the Office of Prevention of Mental Retardation and Developmental Disabilities for the state of New Jersey. Her job was to coordinate public education campaigns and to promote expanded services and research. She took the temporary job only because she had fought for the position to be created and feared that it would be abolished before a suitable candidate could be found. Although the job lasted only briefly, it was notable for the fact that it was the first paid position Boggs had ever held in the disability field.

Widowed in 1971, Boggs continues to live in New Jersey and remains active in both national and international arenas. Her son David resides a facility nearby.

James Burress, Ph.D.

James Burress was born in Virginia in 1913. At the age of two, he contracted polio, and was left with some degree of impairment in his left arm

Dr. Burress in 1990

and leg. His mother, a trained nurse, and his father, who was by profession, a bricklayer, made sure their son got what medical care was available at the time, and insisted that he lead a "normal" and active life. Burress recalls that as a child, he never paid attention to his impairments, and was very athletic as a youth, participating in football, basketball and track.

His family moved to Ohio when James and his brother were still quite young, and that is where he grew up. He attended college in Greensborough, North Carolina; A and T State University, receiving his bachelor's degree in 1937. After graduation, Burress worked for a year in the restaurant business to help pay his younger brother's way through college, and then returned to school himself, at the New York School of Social Work at Columbia University, where he received a master's degree. Although most of his studies were in social work, he did take an evening course in vocational guidance, which would stand him in good stead in the future.

After graduation, Burress moved to Washington to begin work as a counselor in a private family agency. Although he worked at the agency for two years, he found it increasingly frustrating to try to help families by only talking to them about their troubles. At the same time, his work with the family agency regularly put him in contact with local vocational rehabilitation agencies, and he found himself particularly impressed by the concrete assistance these counselors could offer. He next joined the staff of the District of Columbia Rehabilitation Agency as a vocational rehabilitation counselor. Although the move reflected his own personal interests and expertise, the move also made him the first Afro-American rehabilitation counselor in the United States, and he would take an active role in encouraging many other minority candidates to join the field in years to come.

Burress had what he recalls as a "long and good" career with the District of Columbia Rehabilitation Agency. In the spring of 1951, however, Burress crossed paths with Mary Switzer, the newly appointed head of the Office of Vocational Rehabilitation, and his career shifted from a local to a national one. Switzer had taken over the Office of Vocational Rehabilitation several months earlier, and came to Burress' agency one day to find out exactly what vocational rehabilitation counselors did. As Burress recalls, Switzer already had a fair idea of what the field was like, but was particularly interested in speaking directly to a counselor who could give her an insider's view of the profession's strengths and weaknesses. Burress was the supervisor at the Agency when Switzer arrived, and he spent the afternoon sharing his ideas and insights with her. By November of the following year, Switzer had persuaded Burress to join her own staff . Burress would remain with Switzer's Office for twenty-five years, first working as a key staff member for Switzer, and then in 1959, becoming the Regional Commissioner for the Department of Vocational Rehabilitation for Denver. In addition to his work within government, Burress also became a prominent member of the field of vocation rehabilitation, severing a term as President of the National Rehabilitation Association in the early 1960s.

Burress' earliest international experience was as a participant at the First Pan-Pacific Regional Conference of what is today Rehabilitation International in Australia in 1961. Switzer encouraged a number of her senior staff people to attend, and Burress, along with Jim Garrett and others, flew to Australia for the event. The meeting was a very productive one for Buress, who had the opportunity to met a number of international colleagues. Burress was particularly interested in learning more about the state of rehabilitation and vocational counseling in the Developing World, and organized an informal discussion session while at the Australian conference. It was attended by a dozen colleagues from African and Asian nations. Struck by the lack of information and facilities available to many of his colleagues in the newly emerging nations, Burress volunteered to serve as the coordinator of an informal exchange network. Soon Burress was regularly circulating information and sending literature and reprints to dozens of colleagues through Africa and others in the Third World.

Burress' ongoing interest in African nations and other Developing countries made him a valuable resource within the Switzer administration. Although assigned to Denver, Burress' expertise was regularly sought by those in Washington, and he was frequently sent overseas as a representation of the Office of Vocational Rehabilitation and through the United States government. His travels included several inspection tours of United States funded programs in India, as well as several multinational tours of rehabilitation programs in Africa. In addition to his own travels, Burress regularly hosted colleagues from abroad.

In 1976, after 25 years with the Federal government, Burress retired. Almost immediately, William McCahill persuaded him to come to Washington to serve as the Executive Director for the People-to-People Committee for the Handicapped, a job he held until his retirement. Among his other accomplishments while with People-to-People, in 1980 Burress published a very informative guide, *Developments in Services for Handicapped People in Africa: A Project Report.*

Burress now lives in the Washington, DC area and he remains active in the field of vocational rehabilitation, and as an expert on international rehabilitation issues.

Francis Connor, Ed.D.

Francis Connor was born in Brooklyn, New York in 1919, the oldest of four girls. Her father died when she was seven and her mother returned to work, taking a job in the New York State Reconstruction Home. The Home was a hospital where children with orthopedic disabilities would live, often for years, while they underwent medical procedures. As high school students, Fran and her sisters enjoyed accompanying their mother on weekends and holidays to help by entertaining the children.

Connor earned her B.A. at St. Joseph's College in Brooklyn, New York in 1940. Although interested in social sciences, Connor minored in education, with the expectation that she would eventually go into teaching. She worked briefly as a substitute teacher in the public school systems, and then in 1942, was able to find a job teaching disabled children at the hospital in which her mother had worked, by then renamed the New York State Rehabilitation Hospital.

Connor decided to make teaching disabled children her career, but felt that there was much more she needed to learn and she began to take additional classes on the subject. One of the night classes she took at Hunter College was taught by Romaine Mackie, who had recently completed her doctorate at Columbia. One evening, when a hurricane discouraged the other students from attending, Connor had the opportunity to talk at length to Mackie. As Connor recalls, "I asked her if there was anything to this business of special education and working with handicapped children." Mackie, who would become a close colleague and friend, encouraged Francis to specialize in the field. Enrolling in the new and still small graduate program at Columbia, Connor continued to teach full-time while going to school. In 1948 Connor finished her master's degree, and in 1953 she received her doctorate.

Her work at the New York State Rehabilitation Hospital continued, however, her interests began to expand beyond the bounds of the hospital world. She took an extra job on her lunch hours, working as a tutor for several children with cerebral palsy who lived at home. United Cerebral Palsy was just becoming organized, and the education of such children was a new idea. A group of parents asked Connor to leave the hospital and help them initiate a public school program for children with cerebral palsy. Connor took the job. Her first task was to simply set up an accessible physical plant for the new program. A school in Suffrin, New York was willing to donate the use of three science laboratories. She soon found herself with a group of volunteers, tearing down walls and building classrooms. (An unanticipated

Susan Hammerman and Prof. Connor, 1990.

byproduct of the building campaign was that Francis met Leo Connor, one of the volunteers and a new local private school principal. They were married several years later).

Although New York City had already established two or three classes for children with cerebral palsy, Connor's classes were among the very first of the public school programs in the country intended for seriously disabled and multiply handicapped children. While the program was not mainstreaming as it is known today, it was, at a time when few educators even acknowledged a responsibility for retarded children, very innovative. Connor herself, still a graduate student, recalls that at the time, she "did not realize how revolutionary" her program was. Rather she remembers being struck most by the fact that the potential of many of the children with whom she worked had been overlooked, and "how unjust it all was."

The school brought her national attention. Nearing the completion of her doctorate, Connor eventually left her teaching position to being work on regional and national policy and research. She helped develop a training program in special education at the University of Georgia, and in collaboration with her fellow graduate student Ignacy Goldberg, became involved in a survey of services for mentally retarded students in New York. In addition, in 1954, Romaine Mackie, now at the Department of Education, began a major research project on the qualification of special education teacher, and hired Fran Connor as her assistant. At the same time, Connor began to teach part-time at Columbia, commuting weekly between New York and Washington. Her part time position at Columbia shifted to a full time professorship in 1958, and in 1962 she became Chair of the Department of Special Education, a position she would keep until her retirement.

Involved in much of the on-going research in special education, Connor was in regular touch with most of the key national, and many of the prominent international supporters of special education. She became interested in issues of mental retardation in early childhood, and frequently working with her colleague Ignacy Goldberg, undertook research projects that established the benefits for special education among the very young, and developed special education curriculums for preschoolers who were retarded. As Connor recalls, she entered a field when more severely disabled children did not exist in terms of the law and established education, and found, within a decade, they had become a major center of attention.

Francis Connor became involved in international work gradually. She had, from the outset of her career, held highly visible positions in innovative programs. Her work with Mackie enabled her to met a number of colleagues Mackie's office was part of a "grand tour." Individuals from all over the world would stop at Washington to visit Mary Switzer, and then go across town to meet with Mackie at the Department of Education. The foreign visitors would regularly invite Connor to come visit their own programs, and she began to correspond with many of them. Her position and research at Columbia brought her in contact with many more.

Francis Connor regularly attended international meetings, and served as a consultant internationally. In 1962, for example, she and her husband undertook a long planed around the world trip that included visits to a number of different rehabilitation centers on behalf of the International Society for the Welfare of the Disabled. She often served as a consultant on special education for Howard Rusk. Leonard Mayo got her involved with consulting in South America. A constant concern of Connor's was the need for incorporating education into disabled child care programs. Children needed more than new medical innovations, she argued, they needed to be educated as well, and wherever possible, mainstreamed.

Now retired, Connor divides her time between her home in New Jersey and Florida. She remains active in the field, and continues to guide students and colleagues.

Gunnar and Rosemary Dybwad

The Dybwads have had a career that spans fifty years of active participation in the fields of child welfare and mental retardation. Although often working together, both have made significant independent contributions to the field was well.

The Dybwads met in Leipzig, Germany in 1931. Rosemary had come to Germany as an exchange student following her graduation from Ohio's Western College for Women, (now part of Miami University), the previous year. A girl working in the foreign student exchange office invited a group of the new foreign students to her family's home for afternoon tea. The girl's brother, Gunnar, a student of law and political science at the University of Halle, happened to be home at the time, and Rosemary recalls he seemed very interesting, in part because he drove a motorcycle. Their relationship developed quickly, and

Rosemary was soon applying for a second year's studies in order to remain in Germany.

Rosemary returned home in 1933 and began work as a case worker with a local school department. Gunnar came to the United States in 1934 and he and Rosemary were married. Rosemary soon returned to Germany for a year to complete her doctorate at the University of Hamburg. The decision to return to Germany was a difficult one. The political situation had already begun to deteriorate, and Gunnar's family had money which was not allowed to be taken out of the country. They decided to invest the money in an education for his new bride and consequently used their savings to pay for her tuition. So difficult had the political situation become that Gunnary and Rosemary selected the University of Hamburg simply because it was closest to the border, should she have to flee the country in a hurry.

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Meanwhile, Gunnar began work in the United States. He had finished his degree in 1934 at the University of Halle, specializing in penial systems, having done research on prisons in Italy, Germany and England. In the United States he began similar work and in the late 1930s worked in institutions for juvenile delinquents in Indiana, New Jersey, and New York. While working in the New York area, Gunnar took additional course work at the New York School of Social Work, completing the program in 1939. The large number of juvenile delinquents who, upon closer examination, were mentally retarded, sparked Gunnar's interest in the field of mental retardation. When Rosemary returned to the United States, she also found work in women's prison systems, and continued to work until she her children were born.

In 1943, Gunnar moved his family to Michigan, where he began work as the Director of Clinical Services at a Boys Training School while Rosemary began their family. Gunnar eventually became the Supervisor of the Child Welfare Program of the Michigan State Department of Social Welfare, regularly hosting visitors from other parts of the country and foreign nations who were interested in seeing their innovative programs in child welfare and child day care.

In 1949, Gunnar returned to Germany briefly as a consultant with the United States Army, spending several months helping with social and child welfare issues in Occupied Germany. From there, Gunnar moved his family back east to the New York area while he served as the Executive Director of the Child Study Association of America.

Gunnar's shift to becoming the Executive Director of the National Association of Retarded Children (NARC) was rather serendipitous. The Board of NARC was meeting at the Gotham Hotel in New York and had just finished interviewing 38 candidates for the position of Executive Director. All candidates had been unsatisfactory, and the secretary taking notes raised Gunnar's name only because a fellow secretary already worked for him and thought highly of him. Elizabeth Boggs, a member of the Board already knew Gunnar, realized he was the perfect candidate and quickly approached him to apply for the position. Although new to the field of mental retardation, Dybwad had had extensive experience with families in stress, parent groups, voluntary organizations and governmental programs. Perhaps most importantly, his background as a lawyer allowed him to frame issues in legal terms, a new and affective approach to policy and advocacy on behalf of mental retardation.

Gunnar assumed the Directorship in 1957. Some six months later, Gunnar asked Rosemary to come in to the office occasionally as a volunteer, for a large amount of foreign correspondence had accumulated, and there was no one with the time available to read and reply to inquiries and letters. Rosemary, whose children were getting old enough to take care of themselves at home, began to come in on a regular basis and to return correspondence. She was officially listed as the Secretary, International Activities Committee. Eventually she established a newsletter to keep many in touch. (By 1964, this Newsletter would reach readers in 70 countries). She and Gunnar were part of an ever growing network of parents and advocates brought together and kept in touch by the Dybwads.

At the same time, the European Association of Retarded Children had begun to solidify and the International League was beginning to come together. Rosemary's correspondence and publications could not have been more timely, and in fact, often served as a bridge, tying together people, programs and associations worldwide. NARC early recognized the need for international organization, and tried to maintain informal ties. In 1959, the first step to an informal international organization of voluntary agencies was taken when three professional leaders of the movement from Holland, England and Germany met to plan a European League of Societies for the Mentally Handicapped , which was formed in 1960. The first Congress of the European League in 1961 was attended by more than 400 people from 12 European countries and 8 non-European nations. Gunnar Dybwad would eventually serve as President of this International League.

In 1963, Gunnar retired from the National Association. Although he enjoyed his work, he felt strongly that seven years was enough, and that a regular shift in Directorship was important for any organization if it was to stay vital and responsive to its members. He and Rosemary were hardly interested in retiring from the field, however. They soon found themselves in Geneva, Gunnar the Director and Rosemary the co-Director of the Mental Retardation Project through the Union of Child Welfare. The Union of Child Welfare funded the Dybwads for a three year project, their assignment being to travel from one country to another fostering parent involvement and advocacy in mental retardation issues. Between 1964 to 1967, Gunnar and Rosemary traveled to 34 different countries—some several times—to encourage grassroots organizing among parents with mentally retarded children.

In 1967, their time with the Union of Child Welfare almost finished, the Dybwads were invited to come to Brandeis University, where Gunnar became a Professor of Human Development in the Florence Heller Graduate School. Gunnar continued his extensive activities, serving as a consultant to a large number of organizations such as the US Public Health Service, U.S. Office of Education, the Social and Rehabilitation Service Administration, the President's Committee on Mental REtardation and numerous state and governmental agencies. In addition, he has been instrumental in advocating legal and political solutions to discriminatory and bias against the mentally retarded.

The Dybwads maintain an extremely busy schedule. Gunnar not only continues to work and teach at Brandeis, but he also commutes on a weekly basis in order to teach students at Syracuse University. Rosemary continues to write, and in 1989 published a revised version of her International Directory, a fundamental resource and who's who for those working in mental retardation internationally. Together they continue to be at the very center of the international exchange network for mental retardation and broader disability issues. They have managed to develop an international network based on personal acquaintance and mutual concerns. The Dybwads live in Wellsley, Massachusetts.

Herman J. (Jake) Flax, M.D.

Jake Flax was born in Richmond, Virginia, March 31, 1917. His father was a wholesale grocer, and Flax initially planned to be a high school science teacher. He graduated from the University of Richmond with a major in physical chemistry in 1936, and at the suggestion of his college chemistry professor decided to enter medical school and specialize in surgery. He received his MD degree from the University of Virginia in 1940. He completed his internship in Richmond, regularly commuting between Virginia and New York where his classmate and future wife, Josephine Guarch, was completing her internship. The separation was difficult for them both. Surgical interns were paid very little and Flax was so impoverished that he could only afford to travel to New York to see his fiance when he was able to sell blood, and the local bloodbank insisted on a waiting period between donations. At the end of their internship year, Flax married Josephine and they returned to her home in Puerto Rico to complete their residencies. Flax began a general surgical residency at a municipal hospital with the expectation that he would soon be called into the armed services, however the local need for a surgeon was so great that he was never called to active service.

At the end of four years, Flax went to work for the State Insurance fund, an organization very similar to a workman's compensation fund. His job was to travel to clinics throughout the island examining workmen. The job provided Flax with his first introduction to physical medicine, which in the late 1940s was only beginning to become recognized as a medical specialty. Flax and the administrators for whom he worked were very enthusiastic about the new field and in 1945, they invited Dr. Harold Storms of the Canadian Rehabilitation Center, to Puerto Rico to help them organize a regional rehabilitation facility. The rehabilitation facility was at first small and its resources limited. Its dispensary was located on the roof of a warehouse, and the staff assisting Flax was composed of several women trained in physical or occupational therapy.

Dr. Harold Storm invited Flax to Canada for further training, and Flax spent several months in 1947 at the Workman's Rehabilitation Center in Toronto. He then spent several months in Chicago working with cerebral palsy patients. The experience helped solidify his interest in reha-bilitation; Flax recalls that he began to think of himself as an expert in the new rehabilitation medicine.

Although Flax learned a great deal while working with Dr. Storm, the program in Toronto had no organized residency. Only Howard Rusk in New York had initiated this and so Flax spent several months with Rusk in the spring of 1947. He then went on to further his training at the University of Pennsylvania, where he spent a year working on a M.A. in Physical Sciences before returning to Puerto Rico. Needing an additional six months of training to pass the newly instituted American Board Physical Medicine Board exams, he returned again to the Rusk institute in 1951 to become one of its early Fellows.

Herman "Jake" Flax

During these years, Flax continued his work in Puerto Rico. By 1949, he had organized a program in physical medicine and rehabilitative services for the State Insurance Fund, and in 1950 Flax and his colleagues felt the program at the State Insurance Fund was so advanced they decided to hold their first Institute on Physical Medicine and Rehabilitation. The Institute drew a number of leading figures in the field, including Howard Rusk, Henry Kessler, Bell Greve, Dr. Storms, and representatives from the Department of Health, the Department of Education, the Department of Labor and the Veteran's Administration; contacts that would continue throughout Flax's long career. Although the speakers were from throughout North America, the audience was largely Puerto Rican. A following significant meeting in 1956 brought physicians from throughout the Caribbean region.

By 1951 changes in State Insurance Fund prompted Flax to join the Veterans Administration. Eventually he became Chief of the Rehabilitation Medicine Service, at the San Juan VA Medical Center and Professor of Physical Medicine and Rehabilitation at the University of Puerto Rico. Funding through the Department of Vocational Rehabilitation and the National Polio Foundation expanded the programs for training residents and physical therapists, and allowed Flax to organize a residency program at his hospital in 1957. While the residency was intended for doctors from Puerto Rico, by the early 1960s, a growing number of physicians from throughout Latin America attended, making Flax's program one of the principal centers of training in physical and rehabilitation medicine for Latin America. Within his own field, Flax has held many national offices, including President of the American Congress of Rehabilitation Medicine, 1970-71 and President of the Rehabilitation Medicine Association in 1982. He has published extensively in physical medicine and rehabilitation.

In addition to developing the first regional academic training program, Flax has been involved in international work throughout his career. In addition to attending many meetings and conferences, teaching students from throughout Latin America and perusing his own research, Flax has also played a significant role in helping rehabilitation efforts in the Caribbean region. For example, Bell Greve, whom Flax first met during the Institute he organized in 1950, asked Flax to provide medical assistance for Sister Joan Margaret's work in Haiti. Beginning in 1951 and for many years to follow, Flax would fly to Haiti several times a month to see children at Sister Joan Margaret's St. Vincent's School for Crippled Children.

Flax continues to work at the University and in his position with the VA administration. In addition to his other interests, Flax is a poet, and several volumes of his poetry have been printed.

William Gallagher, Ph.D.

William Gallagher was born in Maynard Massachusetts in 1938. His father was a factory worker, his mother a homemaker, and Gallagher recalls that he was a healthy, active child living with his parents and two older sisters. His life changed dramatically however in his sophomore year of high school, when he awoke one morning to find himself suddenly blind. He was rushed to the Massachusetts Eye and Ear Infirmary, but the physicians could do nothing, and his sight would never return. For some time, he "hung around at home," but eventually returned to his studies. He began his undergraduate career at Boston College, which at the time had a close liaison with what is now the Carroll Rehabilitation Center in Newton, Massachusetts. Boston College had a profound effect on Gallagher, particularly the teaching of Father Tom Carroll, who was in the Religion Department. From Boston College, he went on to graduate work at Boston University and then to teach at Holy Cross. In 1960, he went to teach in Pittsburgh, but returned to the east coast in 1965 to become Director of Rehabilitation at the Lighthouse for the Blind in New York. After seven years working at the Lighthouse, Gallagher went on to join the American Foundation for the Blind in 1972, and became its Executive Director in 1980. In addition to his work with the American Foundation, Gallagher also holds many prominent positions within other organizations, such a chair of the North American section of the World Blind Union.

William Gallagher

Gallagher's international work in the field of blindness has been extensive; he has traveled widely in Europe, Asia, the Near East and the Pacific. His contacts with people on the international scene began early, through his early association with Father Carroll who came to this country in 1950. Father Carroll hosted a large number of foreign visitors involved in blindness research, and Gallagher met many of them during the time he was at Boston College.

The blind world has always been separate, and in many ways, leaders in the international rehabilitation field. Gallagher worked with Switzer, Rusk, and others within the larger rehabilitation field as well as with many of the international leaders in blindness work such as Sir John Wilson on IMPACT. He fondly recalls a dinner in with Howard Russell, the highlight of which came at the end, when Russell went into a long tirade about how "he could do just about anything with his hooks, open a door, eat with a knife and fork, drive a car," but he confided to Gallagher, "just about the only thing he could not do, was pick up a check off the table." Gallagher, not missing a beat, calmly smiled at Russell and said "what table?" (Neither man recalls who finally paid for the meal).

Gallagher continues to be Executive Director of the American Foundation of the Blind. He and his wife reside in the New York area.

Mervin Garrettson, Ph.D.

Mervin Garrettson was born in Sheridan, Wyoming in 1925, the son of a cattle rancher. His mother had been the local rural school teacher before marrying his father, a man who had already been twice widowed. Although Mervin was the only one of his mother's three children to survive childhood, the family was a large one, with eight children by his father's previous marriages. Garrettson recalls his early childhood as a pleasant one, however at the age of five, he lost his hearing to spinal meningitis, and his life became significantly different.

Despite his hearing loss, his parents were anxious for him to attend school. His first year in elementary school was spent at the local rural schoolhouse where no provision was made for his recent hearing loss. He learned very little that year, and his parents, already convinced that he was a bright child, realized that something else would have to be done. His mother began searching for programs throughout the area that might take him and the following year, at the age of six, he was placed at the Colorado School for the Deaf, where he would remain through high school.

Hundreds of miles away from home and family, existence for the children at the school was made all the more difficult by the fact that signing was not allowed, although some finger spelling was permitted. Garrettson quickly learned fingerspelling from a friend, but would not learn sign langauge until he was eleven years old. It was at Colorado that his interest in advocacy began. He found his hearing teacher's insistence on the use of spoken language and lip reading for all occasions indefensible. He developed an appreciation for American Sign Language and joined National Association of the Deaf (NAD), as a student member.

Dr. Garrettson

Garrettson graduated from the Colorado school in 1942, and spent a year at the preparatory school at Gallaudet. From there he continued on to Gallaudet College, taking a number of English and mathematics courses. He majored in library science and graduated in 1947. In addition to his undergraduate studies, during his college years in Washington, Garrettson also came in close contact with many leading national deaf figures. He continued to be very active in the National Association of the Deaf.

Although by training an archivist, Garrettson's first job after graduation was at the Maryland School for the Deaf, where he taught algebra and social studies. After two years in Maryland, Garrettson and his new wife returned to the west, where he began a master's degree at the University of Wyoming. His plan was to earn a graduate degree in English, and then return to Gallaudet to teach. However when a position on the Gallaudet faculty opened, it went to a more senior scholar, and Garrettson decided to look for employment elsewhere.

He soon found at job teaching at the Montana School for the Deaf. Initially, he was the only deaf teacher on the faculty. When the principal was fired, Garrettson was hired to replace him, becoming the twelfth principal of the institution, and the first who was deaf. The Montana School was both fairly isolated and progressive, which allowed Garrettson the chance to make innovative changes in the institution, changes that would not appear at most other deaf institutions for decades. For example, under Garretson's direction, sign language was officially introduced for use throughout the institution.

In 1962, Garrettson left Montana to return to Gallaudet where he taught as a professor in the Education Department, while working on his doctorate at the University of Maryland. Garretson remained at Gallaudet until 1967, when he left his teaching position to become the Executive Director of the Council of Organizations Serving the Deaf, continuing on in that position until 1970. In 1970, he returned to Gallaudet to undertake a job which he remembers as a "real challenge", Principal of the Experimental High School, an open school offering education to children from a wide range of different backgrounds and educational levels. He remained Principal for five years and then moved on to become the Assistant Dean of the Pre-College Program and then Assistant to the President at Gallaudet for 10 more years.

During his years at Gallaudet, Garrettson also became increasingly involved in deaf advocacy issues both nationally and internationally. He served as a board member of the American Federation of the Deaf, and attended the World Congress in 1967 for the first time, as an official representative of the United States. He was a member of international exchanges and host to many colleagues who came to Washington from overseas. In 1989, Garrettson ran the largest international festival on deafness ever held—*The Deaf Way*. Working with a small budget of only $150,000, Garrettson organized a festival highlighting deaf culture, art and advocacy that drew 6,000 participants from all over the globe.

While Mervin Garrettson has been at the very center of activity and advocacy within the deaf community for decades, it is an indication of the historic divisions within the disability community that contacts between his organizations and the rehabilitation community have been, so use his own words, "thin." Garrettson's initial contact with Mary Switzer and the Office of Vocational Rehabilitation began while he was the principal of the Montana School. He recalls that it was Boyce Williams who was actually instrumental in introducing deaf concerns into the realm of rehabilitation, a crucial point being the shift from an earlier insistence on oralism, to a growing appreciation of sign language. Mary Switzer understood a number of concerns of the deaf community, and among other important issues, began to provide funding for conferences, meetings and programs, as well as for such experiments as film captioning. It was through her backing that a "number of seeds" were planted that led to future successful projects.

Despite Switzer's interest in the deaf world, contact with hearing rehabilitation professionals and advocates from other disability groups continued to be difficult. Lack of knowledge and understanding about sign langauge was at the heart of much of the problem. Garrettson for example, recalled that in 1969, he was invited to be the keynote speaker at the National Rehabilitation Association meetings. After his talk however, with no interpreter provided for him, the langauge barrier blocked his ability to discuss ideas or socialize with other conference participants.

In reflecting on his life, he notes the many major changes he has seen in the deaf world. Deafness has been redefined as a culture, not just a disability; and both the United States and the United Nations have endorsed sign as a legitimate option of deaf peoples. Despite several decades of revolutionary advances in policy, legislation and public awareness however, Garrettson still sees a significant gap in understanding and interchange between those in the deaf world and many in the international rehabilitation communities.

James Garrett, Ed.D.

James Garrett was born in New York City, March 31, 1916. His father worked as an accountant, and his mother regularly worked as well, in addition to being a homemaker. At several months of age, Garrett contracted polio and was for a time completely paralyzed. He spent time in the Beekman Street Hospital in New York, and would have some impairment of his arm for the rest of his life.

Garrett did well in school, graduating from Regis High School in New York in 1934. The first person in his family to attend college, he entered Fordum University, studying the classics and philosophy and graduated in 1937. He continued on to the Fordham Graduate School, receiving an MA in educational methods in 1939. From there he went on to New York University specializing in clinical psychology in the School of Education, and received his Ed.D in 1941.

Initially, Garrett found work at New York University teaching introductory psychology courses, and it was through his university colleagues that he began to met people associated with the New York based Institute for the Crippled and Disabled. In 1942, Garrett was invited to join the Institute's staff, as Assistant Educational Director, working on a program for vocational evaluations, guidance and advising.

In 1944, Garrett took a new job, as Chief of Special Rehabilitation Procedures, within the Veteran's Administration, overseeing its first guidance center. Garrett's New York based program served the severely disabled veteran, a new concern of the Veteran's Administration. His pioneering work brought him to the attention of many in the field of rehabilitation both within the New York area, and nationally, including individuals such as Howard Rusk and Henry Kessler.

Garrett's strong background in rehabilitation and solid reputation as a competent administrator, made him the logical choice to serve as the Chief of Psychosocial and Vocational Services at Howard Rusk's new Institute for Physical and Rehabilitation Medicine in New York. Rusk invited Garrett to join his staff, and Garrett served there from its beginning in 1948. Garrett found himself in charge of almost every aspect of rehabilitation at the Institute, except the medical issues which fell under Rusk's domain. His program was modeled in part, on the program he had overseen at the Institute of Crippled and Disabled, but it was revolutionary in that it incorporated psychological and social service components a reflection of Garrett's own ideas and innovations. Although Garrett always identified himself as a service provider and not a consumer, many of the ideas and innovations in his new program may have reflected his own insights as both a professional and a person who was himself disabled.

Dr. and Mrs. Garrett and Dr. Fenmore Seton in the early 1980s.

The program grew tremendously in a very short space of time, in part aided by a staff that was exceptionally well trained, and soon began to help define the profession of rehabilitation counseling. Garrett not only oversaw the program at the Rusk Institute, but during these years, also held a joint appoint through the Institute as an Assistant Professor of Clinical Psychology at New York University College of Medicine. He published regularly, and his books and articles became used widely.

In 1951, Garrett left New York to become the Associate Commissioner of Research and Training at the Office of Vocational Rehabilitation in Washington under its new director Mary Switzer. Switzer needed someone to take responsibility for the professional side of rehabilitation and Garrett was taken on as her key staff assistant. Thus began Garrett's 34 year career with federal government.

Garrett worked exceptionally well with Mary Switzer, and they proved to be a highly effective collaborative team. Switzer's broad interests and ready enthusiasms were tempered by Garrett's more systematic approach and his ability to frame issues in terms of research and training priorities. Between them, they generated programs and policies that were able to be put into action.

One of Garretts primary responsibilities was to oversee the actual functioning of the PL 480 program. Garrett was responsible for ensuring that funds were administered properly and for visiting projects in the field to evaluate their progress. He and his senior aid Joseph LaRocca would divide the world up each year, each man selecting the dozen or more countries to which he would travel in the next twelve month period. In addition, Garret helped to develop an impressive network of experts in every country, and strongly emphasized 'participatory planning' for all PL 480 projects—adamant that people already working in the areas and on the subjects, be included in all planning. His insistence that groups involved with each PL 480 project develop five year plans for research and training fostered clearer thinking on goals and priorities for many participants in the project.

When Mary Switzer retired in 1971, James Garrett took over responsibility for her program. He found however, that by the beginning of the second Nixon Administration in the early 1970s, appointments within a number of the federal agencies with which he had to work, had become increasingly political. A number of the new people knew little about rehabilitation or disability in general, and were even less interested in thinking or planning in international terms.

Increasingly frustrated working within the federal system, in 1978, Garrett was retired from his Federal position and became Executive Vice President, of the World Rehabilitation Fund. He was responsible for the creation, development and implementation of many rehabilitation activities, and he under his leadership, the World Rehabilitation Fund developed closer ties to US AID and other federal agencies. He was instrumental in establishing the World Rehabilitation Fund Regional Training Centers in Prosthetics and Orthotics. Centers were located in nations such as Taiwan, India and Brazil, and they offered training in the prosthetics and orthotics to health personnel from countries throughout these regions. In addition, Garrett worked to develop physical therapy and occupational therapy training programs to reach those in the developing world. Garrett at the same time, was also responsible for the development and implementation of the International Exchange of Experience and Information in Rehabilitation, a project funded by the National Institute on Disability and Rehabilitation Research. In addition to all his other work, Garrett also established strong ties and served as a mentor to many junior colleagues and helped to foster the careers of several leading individuals within the disability rights and independent living movements.

Garrett remained active in the international rehabilitation arena throughout the years, despite declining health in the last of years of his life. He died in 1991.

Ignacy Goldberg, Ed.D.

Ignacy Goldberg was born in Warsaw, Poland on March 6, 1916 and entered the University of Warsaw in 1934. Intending to qualify as a high school teacher of English as a second language, he went immediately on after his undergraduate years, completing his Master's degree two years later. Goldberg graduated in June of 1940, as rumors of war swept Poland. Eligible for being drafted into the Polish army, Goldberg was unable to leave the country, and remained through the initial German invasion. Several months before the closing of the Warsaw ghetto, he fled the country using forged papers and traveled through an underground network of contacts to enlist in the overseas Polish army in Vienna. He and a small group of comrades managed to evade capture by the gestapo and made their way to British Palestine where they were trained by the British in desert warfare. The Poles, fighting alongside the British, were stationed in North Africa.

In 1941, during the siege of Tobruk in Libya, Goldberg was severely wounded, loosing his right arm and much of the mobility in his right leg. The next four years were spent in hospitals, first in Egypt and after El Alamein, in the British Army Hospital in Durban, South Africa. His own injuries provided him with his first exposure to rehabilitation although Goldberg recalls that it was not an organized field at the time, but rather a combination of small amounts what today would be considered physical therapy, occupational therapy and common sense delivered on a "catch as catch can" basis.

While undergoing treatment in South Africa, Goldberg met his future wife, Diana Solarsh, a volunteer on his hospital ward. Diana was already involved with disability issues. She worked as a Girl Guide leader, having organized a troop in a home for disabled children in Johannesburg. She was particularly interested in camping and outdoor activity programs for disabled children. Her interest and experience with disability would help influence his own.

Married in 1948, Goldberg and his wife considered moving to the United States, however, the waiting list for obtaining United States visas made the possibility of immigrating highly unlikely. However, Diana's interest in organizing some kind of outdoor camping program for children with disabilities and their families in South Africa lead Goldberg and his wife to choose to come to the United States for their honeymoon. Their plan to was find out more about such activities in the United States, (they had assumed there were many active programs here), and then to return home.

Once in the United States, however, they decided to try to remain in this country, and they began to contact anyone they thought might be able to give them some guidance. By chance, Goldberg knew Bruce Greenbaum, a fellow Pole, who had immigrated with his family shortly before the start of the War. Greenbaum was now a physician in New York working as one of the first Rusk fellows. It was Greenbaum who actually suggested that Goldberg go into a field of rehabilitation. As Goldberg recalls, at that suggestion "a light went on," and many of his experiences and interests began to fall into place.

Greenbaum's idea was seconded by another friend who recommended that Goldberg apply to Teacher's College at Columbia University, which had begun a small program on the education of disabled children in the new Department of Special Education. Goldberg was immediately accepted into a master's program, and later extended his stay by enrolling in the doctoral program. The Department was then very small there were only two full time students, and only a handful of part time students. Goldberg received his doctorate in 1952.

Although Goldberg had concentrated more on physical than on mental retardation during his studies at Columbia, his first job after completing his degree was as principal of the Muscatatuck State School for the Mentally Retarded in Indiana. His three years at Muscatatuck fostered a growing interest in mental retardation. Through meetings and his writings, Goldberg quickly came in contact with the small but active group of state and national leaders in the new field of mental retardation advocacy. Goldberg's interest in advocacy and his writings on the retarded child and family made him a natural choice for a one year survey contemplated by the National Association of Retarded Children in 1956-57. The National Association under the guidance of Elizabeth Boggs and George DiMichael, had received a $16,000 grant from American Legion Child Welfare Committee to undertake a national survey of the needs of retarded children and their families. Goldberg was hired as the educational consultant. He was to travel around the country (hosted by local families, to keep costs down), meeting with as many interested parties as possible parents, school officials, colleagues, and educators. His mission was to serve as a consultant to parent run schools which were springing up, as well as to function as an advocate, trying to convince people wherever possible, that public schools had a responsibility to mentally retarded children.

The United States had only a handful of individuals with doctorates in Special Education at that time, and virtually none were willing to work in collaboration with parent advocacy groups. (Goldberg recalls that a colleague tried to discourage him from taking the NARC appointment, telling him "you're committing professional suicide" when the advise was ignored). Requests for Goldberg to visit, however, poured in from parent groups and Goldberg "barnstormed" the country, visiting well over 50 places in 30 states during the year. He found a highly decentralized system, with programs varying greatly from city to city. He also found for the families, issues of concern ranged far beyond special education. Goldberg's work provided much basic information and many questions upon which NARC would build.

At end of his year with NARC, Goldberg was invited to join the Department of Special Education at Teacher's College, Columbia. He was to work as the Assistant Director of the Mental Retardation Project, one of the first efforts to study the potentials of retarded children. He remained on grants for several years before receiving a regular faculty appointment. His research and writings, often done in collaboration with his friend and colleague Francis Connor, were important contributions to the field. In addition to his other work, Goldberg became interested in what he described as *comparative* special education—special education in a cross-cultural context. He began to work increasingly in the international arena, attending meetings, and serving as a consultant in a number of countries, in addition to receiving a constant flow of international visitors and students at Columbia.

Now a professor Emeritus, Goldberg lives in Florida, but continues to be active in both the national and international arena.

Joseph LaRocca

Joseph LaRocca's interest in international work started early. Intending to become an engineer, LaRocca landed a summer job as a clerk in an engineering firm in his home town of Pontiac, Michigan that sent him to Brazil for a summer. He continued his interest in the sciences at Cornell, from which he graduated in 1930 with a major in Chemistry. Although he was fortunate enough to find work as a research chemist, he lost the job several years later, as the Depression deepened. Returning to the School of Social Work and Public Administration at what today is Case Western Reserve, he graduate in 1932 and began work with the WPA on schools and hospitals in Atlanta.

Joseph LaRocca

It was in Atlanta that LaRocca's first contact with the field of rehabilitation began. Attending a dinner one evening, LaRocca struck up a conversation with an employee of the Georgia Rehabilitation Agency who complained that it was impossible to find employment for disabled people through the WPA. LaRocca was interested and soon had helped develop a small but successful program to train individuals with disability for a variety of jobs, such as store workers and check out clerks.

Shortly thereafter LaRocca left Georgia to work on a WPA hookworm eradication program in Florida, but he was soon back, this time working for the new Social Security Administration. After opening the first Social Security office in Athens, Georgia, LaRocca was transferred to Washington, where he traveled widely, responsible for assisting states to bring their laws in line with the new federal Social Security system. In addition LaRocca worked with the forerunner of the Office of Vocational Rehabilitation, responsible for helping to make the vocational rehabilitation legislation permanent.

LaRocca's work in the Social Security Administration was cut short by World War II, which LaRocca spent in the Navy. Although all federal employees were assured of resuming their old positions with the Social Security Administration after the War, LaRocca's return to his pre-War job was complicated by the fact that his old job had been abolished. The State Department however, needed people with administrative experience, and LaRocca was transferred them for the duration, and from there segunded to help organize the administrative service of the new United Nations. His work with he United Nations lasted for about a year, and he then returned to the State Department where he was sent to Greece with the Marshall Plan.

In 1947, LaRocca began work with the Office of Vocational Rehabilitation under Michael Shortly, responsible for opening a regional office in New York. From New York, LaRocca went to Washington to work as an assistant to Dobblestein, the principal planner. By 1950, however, LaRocca had returned to the State Department, and was sent by them to Egypt for three years to help set up a social security program there. He returned in 1953 and again joined the Office of Vocational Rehabilitation, now under the leadership of Mary Switzer, whom he had known since she had worked for McNutt at the Federal Security Agency. LaRocca's experience with legislation helped as he worked on the 1954 landmark legislation for rehabilitation.

With the passage of PL 480, LaRocca's extensive overseas expertise was put into play. Working under Garrett, LaRocca helped organize PL 480. Although still small by international standards, PL 480 was the first large chunk of money available for international work in the rehabilitation community. Between them, Joe LaRocca and Jim Garrett split the world each year, deciding who should go to which countries to oversee American funded projects through the PL 480 program. He, along with Martin McCavitt and Joseph Traub, oversaw PL 480 projects throughout the 1960s and 1970s, which was instrumental in the founding of rehabilitation centers in India, Pakistan, Israel and Yugoslavia.

Feeling the lack of systematic overviews of disability issues, LaRocca undertook one of the first and most extensive surveys done up until that point on the condition of individuals with disabilities internationally. The survey was circulated to the cultural attachees at all American embassies, asking them to collect the information from local ministers of health and universities. The summarized findings can be found in the publication *Rehabilitation of the Disabled in 31 Countries* in 1954, and followed by an updated version *Rehabilitation of the Disabled in 51 Countries*, in 1960.

In 1965, Joseph LaRocca left the federal government, his position on PL 480 being taken over by Joseph Traub. LaRocca went to George Washington University, where he taught until 1972. In that year, he joined the Child Development Center at the Department of Medicine at Georgetown University, and from there he joined the Urban Institute, a research consortium working on issues of transportation for disabled consumers. In addition, LaRocca served as an international consultant, frequently volunteering his time to projects he found particularly worthwhile, such as the famine relief efforts for Bangladesh. In addition, he served as an administrator for the World Rehabilitation Fund's training project in Cyprus, helping to bring physical rehabilitation to Lebanese civilians injured in the civil war.

Gini Laurie

Most recently, LaRocca has directed the rehabilitation program allocated by the Senate Foreign Relations Committee in 1987, aimed at assisting and provide prosthetics and orthodicts for civilians injured in war torn countries such as Laos, Mozambique and Uganda. Although a small, $5 million dollars program,it is one of the few on-going international rehabilitation efforts currently funded by the federal government.

Virginia Grace (Gini) Laurie

In a sense, Gini Laurie's life was influenced by disability issues even before she was born in St. Louis in 1913. She was the oldest of a "second batch" of children. A year before her birth, all four of her parents' young children had been stricken by polio. Exposure to the disease possibly came from their father, a surgeon who had been caring for polio patients. Within a few days, two girls, Virginia and Grace were dead, a son was severely disabled and the only surviving girl, mildly impaired. Virginia Grace, named for her two dead sisters, was born the following year and two younger siblings would follow.

Virginia grew up in a progressive household and was devoted to her older brother, who died shortly after college graduation from complications related to his disability. She attended Randolph Macon Women's College in Virginia, majoring in biology and Latin. Although interested in medicine, the conventions of the day dictated that women should not become physicians and instead she married Joseph Scott Laurie 3rd at the age of 25. Joseph Laurie and his wife eventually moved to Cleveland where he pursued his career as a research chemist, and she settled down to the life of a housewife.

In 1949, the polio epidemic struck Cleveland and Ginni became a Red Cross volunteer at the Toomey Pavilion, a polio center under the direction of Dr. J. Toomey. Always energetic, Ginni devoted increasing amounts of her time to the Center. She focused her attention on working directly with polio survivors, organizing entertainment and running programs for them. As an extension of these activities, in 1958, Laurie took over the editorship of *The Toumi Gazette*, a small annual in-house newsletter that kept patients in touch with activities in the Center and with those fellow patients who had returned home. Over time, the newsletter was renamed *The Toumi Junior*, and then *The Toumi J.*. Eventually its name was changed again to *The Rehabilitation Gazette*.

At first, issues of the publication would appear sporadically. Laurie, as she would until the end of her life, ran the entire operation from her home and did all the work on a completely voluntary basis. Initially, *The Toumi Gazette* was little different from dozens of other in-house newsletters that were published by polio rehabilitation facilities. Most of these publications ceased as years passed, funding decreased and the institutions closed. Lauri however, realized that many polio survivors still needed the *Gazette*, and on her own continued publishing the paper, putting increasing emphasis on self-help tips, advocacy issues and relevant social, economic and legislative news items. Ginni's editorship of *The Gazette* was distinguished by her skill as a visionary. In an era that was still largely medically-centered, she felt strongly that individuals with disabilities should be informed consumers and armed her readers with specific information about medical issues and technical aids, attendant care and pending legislation. Her work helped pave the way for the Disability Rights and the Independent Living Movement.

She supplemented the annual, or occasionally, the bi-annual issues of the *Gazette* with voluminous correspondence, writing regularly to individuals all over the country. Although the circulation of *The Rehabilitation Gazette* never exceeded 10-12,000, the copies circulated far more widely as it was read and re-read by many. For many years it was one of the very few, and certainly the best known, of any national consumer driven journal on physical disability. Although the *Gazette* was to continue to be Laurie's best known publication she also established several other newsletters including *International Ventilator User's Network* and *Polio News Network* for more specific audiences.

Polio issues were not Laurie's only concern. Although her early work had been with largely ventilator dependent individuals, she saw clearly that the issues they faced were shared by many other children and adults with disabilities. In an era where the disability community was divided into "camps" based on specific impairments, she was one of the earliest and most eloquent voices supporting cross-disability cooperation. Furthermore, she was very vocal in urging experienced individuals to share their insights and expertise with others. For example, her newsletter always included feature articles on adults with disabilities. Unlike most publications of that era, there was little attention to inspirational stories or biographies of super achievers. Individuals with disabilities in all walks of life, many of whom held "normal" jobs teachers, insurance agents, college students and so forth, were featured. Columns on travel, housing, books reviews and other relevant information rounded out the newsletter. A correspondence column included letters from readers all over the Americas, Europe, Asia and beyond one early issue featured letters from readers in Japan, Germany, Brazil and from a woman on the island of St. Helena in the South Atlantic. The exchanges the newsletter fostered among readers in many nations provided a very early international forum for disability activists. Laurie's goal was to develop an educated and informed readership, and she felt that this awareness was a pre-requisite for all future movement in the field. In later years, Judy Raymond Fischer, who helped Laurie edit *The Gazette* for twenty years, recalled that Laurie had little patience with independent living centers which had few books lining the walls—Laurie keenly felt it was the responsibility of individuals and groups with disabilities to keep informed about the world around them.

Laurie's respect for the opinions and insights of disabled readers and colleagues may have been based on her own experiences growing up with disabled individuals as friends and family members rather than "patients." Whatever her initial experiences, having no children of her own, her readers and the hundreds with whom she corresponded came to be her family. Laurie never compromised her insistence on consumer advocacy. She took great pride in the fact that, in the late 1960's, she was one of the very first to raise the topic of sex and sexuality and disability. She was also one of the very first to listen closely to the complaints of older adults who had had polio, realize a common pattern of experiences and from that, identified what is now called Post-polio Syndrome as a real physical entity and source of future concern.

The Rehabilitation Gazette brought Gini Lauri first national and then international attention. At the time of her death, it reached over 83 countries and was read by thousands. In addition to her publication of *The Gazette* and the voluminous correspondence which she carried on until her death, Gini Lauri also played an important 'behind the scenes' role in the disability rights movement, as a senior statesperson, generally staying above the fray and upon occasion quietly mediating disputes. Gini returned to St. Louis in 1971 and was widowed in 1985. She died of cancer at the age of 76 in 1989. *The Rehabilitation Gazette* renamed *The Gazette International* continues to be published in St. Louis.

Romaine Pryor Mackie

Romaine Pryor was born in Darbyville, Ohio in 1898, the daughter of a Methodist minister. Graduating from the local high school, she received her BA from Ohio Wesleyan University and taught high school English in Columbus for several years. She then took at job with the Board of Education in Columbus, working with children who were having difficulty in the school system. She recalls that she "always had an interest in the child that couldn't get along very well," and she functioned as a case worker for the school district working with children and their families who were having difficulties. She was particularly drawn to children with physical and intellectual impairments.

The school district, recognizing her ability, soon made her the principal of the Third Street School, the public school in Cleveland responsible for educating "crippled children." Mackie was principal at Third Street for four years, and while there, completed her master's degree, again in English, at Ohio State University. Feeling that she wanted to gain more expertise in the field of educating disabled children, she asked for a leave of absence from the Cleveland schools so that she could go to Columbia University and work on her doctorate. (She never in fact, returned).

Mackie left for New York in 1933 after being accepted at Columbia. She intended to study guidance, but the registrar at Columbia discouraged her. The registrar, recognizing Mackie's already extensive experience, convinced her that she was already in the best field for working with disabled children and instead guided her to the new Department of Special Education just opening at the Teacher's College.

Mackie was among the very first Special Education students at Columbia. Having worked as an educator before coming to the University, she soon found herself relied on by faculty, as well as students, for practical expertise in the field. She was quickly enlisted to help teach at Columbia and began teaching part time at Hunter College as well. (While at Hunter, she met and married fellow educator Frank Mackie in 1938. Although she had relatively few students, she remained close with many of them, and one of her night school students at Hunter, Francis Connor, would remain a close colleague for the rest of their careers.

Mackie completed her doctorate in 1942, and was hired by the State Board of Education of California to help establish special education programs throughout the state. It was a job she loved, but funding ran out, and she and her husband relocated again at the end of the year, this time going to Washington where Mackie would spend the rest of her career working for the Department of Education. Mackie's background was very unique for the 1940s there were few experienced educators who also had completed their doctorates in special education, and Mackie was able to accomplish many significant projects through the Department of Education because of her broad understanding of the field. Early on, she undertook the first comprehensive survey of special education teachers in all fields, including teachers of blind and deaf children, as well as those who worked with physically impaired children. Under her aegis, she was also able to fund a number of research projects throughout the country that allowed a far more detailed understanding of the nature and benefits of special education. Several years after her arrival, she was joined across town by Mary Switzer at the Office of Vocational Rehabilitation. While Mackie covered education, Switzer's programs began by addressing the needs of physically disabled individuals. While there was some overlap in what was covered, there was cooperation between the two administrators and the two offices, and a visit to Washington for many in the rehabilitation field included stops at Switzer's office and at Mackie.

Early on in her career in Washington, Mackie also took the lead in becoming involved in international issues in special education. She convinced her superiors that the Department of Education should be represented at many international conferences, and regularly volunteered to be the representative who would attend. She herself traces her interest in international issues to her early career in Ohio. Working in education in the 1920s in Ohio, she recalls, "you couldn't help being aware of international rehabilitation" because of the work of Edgar Allen and his International Society for the Welfare of Cripples in Elyria. According to Mackie, Allen's work and ideas were pervasive in Ohio, and the result was that many educators in Ohio were keenly aware of the latest international ideas in education and legislation.

In Ohio, "You felt like you were on the cutting edge," she recalls.

Mackie's interest in international aspects of special education made her an important resource in the area, and Mackie regularly attended conferences, served on committees and worked as a consultant to individual and groups in the United States interested in special education overseas. She also was a key contact person, and often helped put people in touch with each other, and with the latest research in the field.

Mackie's career at the Department of Education lasted until her retirement. Never one to remain idle however, Mackie still continues to work in the education field, now volunteering several days a week to work at the State Directors of Special Education office in Washington.

Col. William P. McCahill

William McCahill was born June 29, 1916 in Marshalltown, Iowa, and graduated from Marquette University in 1938. He stayed on at Marquette to earn a master's degree in journalism, finishing in 1940. After graduation, he joined the Associated Press as a night editor in Milwaukee in 1940, intending to work his way up in the newspaper business.

World War II changed his plans. In 1941, soon after Pearl Harbor, he enlisted in the Marine Corps, serving for five years as public relations officer for Admiral Nimitz, the Commander-in-Chief of the Pacific Fleet, as well as a number of other assignments throughout the Pacific Theater. He left the service in 1946 as a Major, although he continued in the Marine Reserve until 1971, when he retired with the rank of Colonel. His long-term affiliation with the Marine's is reflected in his writings. He authored the definitive history of Marine Corps Reserves as well as authoring two books on Marine experiences during the War. (*First to Fight*, McKay 1943 and *Hit the Beach*, Wise, 1947).

Shortly after World War II, he was a staff executive with the Retraining and Reemployment Administration which began the work of establishing state and local committees on employment of the handicapped. This work eventually lead to the formation of the President's Committee on the Employment of the Physically Handicapped, initially inspired by the work of General Graves B. Erskine and Paul Strachan with whom he worked closely.

Because of his experience in journalism and administration, in 1947, McCahill was given the responsibility by Truman for pulling the Committee together and making it functional. Under his direction, the President's Committee rose from a staff of one (himself), to a staff of 39. McCahill was to serve as Executive Secretary of the President's Committee from it's inception to his retirement in 1973, twenty-seven years later. The Committee has addressed the need for expanding job opportunities for Americans with disabilities, for eliminating architectural and transportation barriers, in promoting jobs and in educating the public. In the course of his assignment, McCahill

McCahill receives a Dr. Henry H. Kessler Award in 1980 for his dedication to international programs. Presenting the award is Mrs. Estelle Kessler, whose generosity has made the Kessler Award an on-going memorial to her late husband.

lectured, wrote and consulted regularly both nationally and internationally, and sat on a number of significant committees and boards of directors. He was particularly active in RIUSA and worked hard to try to pull together the various organizations and programs with which the national committee worked.

McCahill retired from the President's Committee in 1973 to join the National Association of Retarded Citizens as the Director of Governmental Affairs and served in that position for a year and a half. He then became the Executive Director of the Industry Labor Council of the White House Conference on Handicapped Individuals during its formative period, from 1976 to 1977. In addition to his work on the President's Committee, McCahill chaired the National Advisory Committee on Scouting for the Handicapped, and serves as Chairman Emeritus of the People-to-People Committee for the Handicapped. He is also an Executive Board member for the United State's Catholic Conference's National Advisory Committee on Ministry with the Handicapped, and has served on the National Advisory Council of Goodwill Industries of America and the National Easter Seal Society. Known for his enthusiasm and his administrative skill, McCahill remains very active in both national and international rehabilitation issues.

Harold Russell

Harold John Russell

Harold Russell was born in Nova Scotia in 1914. His father died when Harold was only four and him mother took her three young children with her to Cambridge, Massachusetts while she studied nursing. The family remained in the United States where Russell attended local public schools, graduating in 1933. Although he had hoped to go to MIT to become an aeronautical engineer, the Depression put an end to such plans, and he instead found work as a meat cutter in a local food store. He enlisted in the army soon after Pearl Harbor. Eager to get into the action, Russell volunteered for the paratroopers and received further training in demolition and explosives so he could serve in parachute demolition squad. One of the first through the program, however, Russell was asked to stay on to train others, despite his repeated requests to be sent to the front. He gained the rank of sergeant, and was finally able to convince his superiors to transfer him to a combat outfit at Camp MacKall, North Carolina, which was soon to be sent overseas. Ironically, he never got there. During a training exercise in June of 1944, an explosive charge went off in his hands. Russell suffered severe wounds, the most significant of which was the loss of both hands.

His injuries were so severe that he was quickly transferred to the Walter Reed Army Medical Center, where he was placed on a floor with other amputees. Russell recalls that he was, at first, overwhelmed. He had had no virtually no exposure to disabled people or issues - he knew no one who had lost a limb. Nor was the program then in place at Walter Reed of any particular help. The ideas of clinicians such as Rusk and Kessler had yet to affect treatment even at such major army hospitals. Writing in *The Best Years of My Life* many years later Russell recalled that "For a disabled veteran in 1944, 'rehabilitation' was not a realistic prospect. For all I knew, I was better off dead."

One day, however, Russell was shown a short documentary film entitled *Meet McGonegal*, about Charlie McGonegal, a World War I bilateral amputee who had gone to work in real estate. Although the film itself ran less then ten minutes, and featured Mcgonegal doing such mundane tasks as shaving, dressing and driving to work, Russell recalls that "I watched the movie in awe," and had it replayed repeatedly. When McGonegal himself came by a few weeks later, Russell and he quickly became fast friends.

While Russell felt the short documentary on McGonegal was outstanding; the Army believed the World War I film was too outdated. They wanted to make a new training film for recently disabled soldiers, with more attention paid to social and psychological issues. Despite having no acting experience, Russell, the only bilateral amputee in the hospital at the time, was asked to 'star' in the film. The resulting film, *Diary of a Sergeant* took only a few weeks to shoot, and as far as Russell was concerned, was an interesting interlude before he returned home to Cambridge to begin his studies at Boston University in business administration.

Soon after film's release, however, the army decided to use the training film in War Bond Rallies. Russell, wanting to do what he could to help out, continued to work for the Army between semesters at school, attending War Bond rallies around the country at which the film was to be shown and making short speeches afterwards. In 1945, during the last War Bond Rally funds were specifically designated for "rehabilitation" of veterans, with 'rehabilitation' actually part of the title.

Unbeknownst to Russell, the filmmaker Samuel Goldwyn was working on a script entitled *Glory for Me*, to be directed by William Wyler. The film which was renamed *Best Years of Our Lives*, had begun casting. However, one leading character proved exceptionally difficult to fill; 'Homer Parish', a character described as "a spastic sailor." By chance, William Wyler happened to attend a War Bond rally where *Diary of a Sergeant* was shown. Wyler was struck by the fact that the sergeant portrayed seemed to be going through many of the same adjustments to civilian life as the film's disabled character. Wyler got a copy of *Diary of a Sergeant* and went to find Samuel Goldwyn. Russell meanwhile, had finished his last War Bond rally and had gone back to Cambridge, where he was running a boys' program at a local YMCA and beginning his undergraduate degree at Boston University. He was at his desk at the "Y" one Friday night when he received a phone call from Goldwyn's secretary. Believing it a joke, he promptly hung up. It took her persistence to convince him to meet with her and consider the part. He agreed to work on the film, in part, because he believe he could introduce issues of concern to disabled veterans to the American public.

Filmed in 1946, the film was an immediate success, winning nine Oscars in 1947, including that of best picture. Russell had been nominated for best supporting actor, but was considered a long shot. To ensure that he receive some official recognition, The Academy set up a special Oscar for him, for "bringing aid and comfort to disabled veterans through the medium of motion pictures." When he also was voted best supporting actor, Russell became the only person in the history of film making to take home two Oscars for the same part. It has been estimated that the film itself has been seen in 35 countries by 60 million people. (Its release on videotape and selection as one of the ten best American films by the Library of Congress insures that it will eventually be seen by again as large an audience).

In early 1947 Russell toured the country to help promote the film as it opened in one city and then another. In Washington, a reception for the film was held at the White House on behalf of a charity organization. President Truman was there and struck up a conversation with Russell. As Russell recalls "here was the President of the United States and I was a beat up Army sergeant—I couldn't believe it. And he was telling me about the plan that he had to set up a committee, called at that time the President's Committee on the Employment of the Physically Handicapped..." Truman asked Russell to join the committee, and he immediately agreed. It was his introduction to the field of rehabilitation—he knew no one else in field.

Russell joined the President's Committee on National Employ the Physically Handicapped Week in 1947. Soon, others such as Senator Hubert Humphrey, began to ask his advice on legislation for returning veterans. Russell took an active role in the workings of the Committee, and in 1962, President Kennedy appointed Russell Vice Chairman of the President's Committee. In 1964, President Johnson appointed him Chairman, a voluntary position he held for the next 25 years. His commitment to disabled causes and disabled veteran's issues extended to his other work as well. In 1948, Russell became involved with American Veterans of World War 11, (AMVETS), a group that paid particular attention to rehabilitation issues and programs for disabled veterans. He served for a time as National Commander of AMVETS, and through AMVETS became involved with the World Veterans Federation.

Russell, one of the best known and most visible of disabled Americans for many decades has given freely of his time and energy to a number of disability and veteran causes. In addition to his film work, he has authored several books on his experiences. His first, *Victory in My Hands*, was a best seller, published in 54 countries, and was one of the earliest books to bring the issues of disability and rehabilitation to the attention of millions. In addition to his volunteer work with disability and veteran's issues Russell also supported his family by running his own small insurance company in Massachusetts. Although he is not a professional actor, he had appeared in several films in the past few years, and is considering more acting work in the future. Russell is now retired, and he and his wife live on Cape Cod.

Henry Viscardi, Jr.

Henry (Hank) Viscardi was born in New York City in 1912. Born without legs, he spend most of his very early childhood at a charity hospital undergoing a series of operations that would eventually allow him to wear padded boots over his stumps, although he also made make use of wheelchairs and modified skate boards. He returned home at the age of six, and eventually moved to Long Island, where he lived with his parents and sisters. Viscardi was an excellent student, but the Depression made his ability to stay in school increasingly difficult however, and he eventually had to drop out of college at the end of his junior year for lack of money. He attended law school at night while helping to support his family by doing tax work. When he was 27 years of age, his local family doctor encouraged him to try to learn to use artificial legs, and Viscardi took a leave of absence from work, and eventually mastered the arduous task of walking normally with two artificial legs.

Although Viscardi was exempt from the draft, he volunteered for work with the Red Cross at the beginning of the War. Convinced that his own experience with prosthetics would make him the right person to teach new amputees how to walk, Viscardi requested the Red Cross put him to work at the Walter Reed Army Medical Center, where the most severely injured men in the army were treated. Viscardi was an outstanding teacher. He was adamant that his men work to regain skills that they had lost, they often thought were beyond them. At the same time, he was a tireless advocate on behalf of his men, feeling strongly that they were receiving less than adequate rehabilitative care, shoddy prosthetic devices and little or no counseling. Viscardi's untiring insistence that the men he worked with were entitled to everything the army could provide, (including his run in with the top army brass described in the text), created some movement within the Hospital. Viscardi's lack of patience with paper-

Dr. and Mrs. Viscardi visit a vocational workshop in Bombay.

work however, got him in every deeper trouble with his superiors in the Red Cross. It was not that Viscardi refused to do paperwork. Rather, as Viscardi later recalled, all his time and energy went to teaching individuals how to walk. Taking hours and days off to turn in the proper reports and fill out required forms seemed to him preposterous. It seemed less preposterous to the Red Cross however, who, after repeated warnings, dismissed Viscardi from their ranks. Viscardi, giving an indication of future determined behavior, felt that the men he worked with were relying on him, and would not be so easily dismissed. For many months until the War drew to a close, people strolling the ground of the Walter Reed Army Medical Center were treated to the sight of amputee veterans sneaking away into the bushes to meet Viscardi for walking and driving lessons.

At the end of the War, Viscardi returned to New York, where he married and quickly became a very successful businessman. In 1949, Viscardi was contacted by Orin Lehman, a member of the prominent New York banking and brokerage family. Lehman had himself lost a leg in the War, and was concerned about unemployment among returning disabled veterans. Lehman invited Viscardi and an handful of other prominent business leaders to join him on a committee which called itself Just One Break (JOB). The committee met twice a month, interviewed disabled veterans and then, using their connections, tried to line up jobs for as many as they could.

Although JOB was quite successful for a small committee, and eventually placed several thousand individuals, Viscardi felt that there was more yet to do. He was specifically concerned about those veterans and civilians who were too severely disabled to find work in the competitive job market. Viscardi felt that if no one else was willing to hire these people, he would. Unfortunately, he did not own a company. Undeterred by such minor considerations however, in the summer of 1952, Viscardi borrowed $8,000, rented an unoccupied garage in West Hempstead, Long Island and declared himself president of Abilities, Inc., a non-profit industrial and clerical work center. The only other employee was the plant manager Arthus Niernberg, who was paraplegic. Viscardi assigned Neirnberg the responsibility of locating furniture and beginning to interview employees, while he himself began to visit local executives and line up assembly line piece work for his new business. By September, the first assembly line opened with a crew of five. Within two years, Abilities had 160 employees and a backlog of work. Its growth has been constant since that time, and over the years, has employed thousands of men and women with severe disabilities.

Viscardi's success with Abilities came about not only because of his own belief in the project, but also because he was an eloquent speaker and writer, who had the gift of selling his ideas. He refused to argue that people with disabilities needed exceptional treatment, insisting instead that all they wanted was a job which would enable them to support themselves. He regularly addressed business meetings, educators and policy makers. He wrote eight well received books, including his autobiography, *A Man's Stature*, which was translated into over 30 languages. In addition he published shorter articles about his own experiences and the work of his center in newspapers and widely distributed magazines such as *The Reader's Digest*, which had an international readership of millions. He became a prominent figure on the national rehabilitation scene with close ties to Bernard Baruch and Eleanor Roosevelt. (Roosevelt became a close family friend, and attended the baptism of all four of the Viscardi's children). Mary Switzer frequently worked with Viscardi, and regularly asked him to send a copy of one of his books to prominent people whom she though should know more about the rehabilitation field.

Viscardi became a regular figure at both national and international rehabilitation meetings. He chaired the 1977 White House Conference on the Handicapped, submitting recommendations to Congress and the President on legislation affecting disabled children and adults. He also serves an a consultant in the international arena, and has been a consultant as well to ever every American President since Roosevelt on disability matters.

Over the years, the scope of activities overseen by Abilities, Inc. has expanded as well, the organization eventually changing its formal title to the Human Resources Center, which includes employment, educational, research, rehabilitative and social services resources for adults and later children with disabilities in the Long Island region. Some 40 Abilities in 37 countries have been established using Viscardi's center model. Its influence has been felt worldwide, as it has helped to alter the employment practices of many major national and international firms.

Helen Payne Wilshire Walsh

Helen Payne was born in Cincinnati, Ohio in 1898. Her father was a prominent insurance executive and her mother, a homemaker, took an ac-

Helen Walsh presents a RIUSA Volunteer of the Year Award to First Lady Patricia Nixon in 1970.

tive role in civic affairs. She insisted that her two sons and only daughter also volunteer part of their time and energies to community efforts, and Helen Walsh recalls that even as a teenager, it was expected that she spend her Saturday mornings working with underprivileged children. She attended Miss Kendrick's School and then studied piano at the Cincinnati Conservatory of Music.

She married Joseph Wilshire and moved to Greenwich, Connecticut in 1923, where she continued her involvement in community affairs while her husband worked his way up the corporate ladder. The Wilshires' also shared a sense of adventure. For example, they both took time out of their busy schedules to perform professionally in a circus troop. Her husband, fifteen years older than herself, became the Chairman of the Board of Standard Brands when still in his early forties, and Helen Wilshire soon found herself active in local affairs and local Republican politics. In 1938, the Connecticut Republican Party tried to recruit Helen to run for Congress.

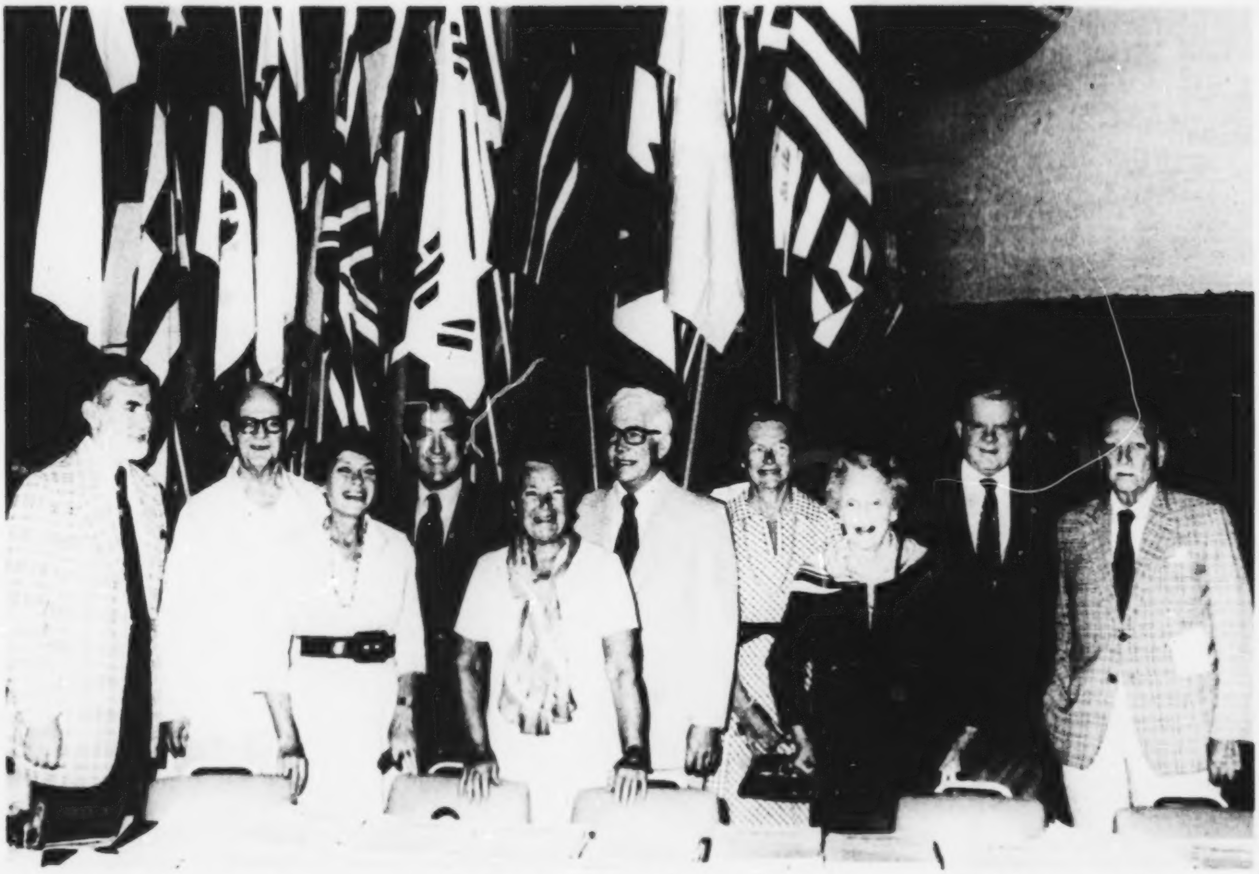
By that time, however, her life had changed dramatically. Her husband Joseph had taken a bad spill from a horse, and his spine had been seriously damaged. Over the course of several years, his condition grew increasingly worse, and he eventually used a wheelchair, and experienced almost constant discomfort. Helen, anxious to help him and intent on finding out as much as she could on the current state of research in the field, read everything she could find on spinal injury, neurology and chronic disability.

Already interested in medicine through her readings, a news report on the use of plants in medicine sparked her interest and Helen became very interested in the subject. She went regularly to the Brooklyn Botanical Gardens to learn more and she also began to give public speeches on the current value and future medical potential of plants, arguing that much more research needed to be done in the field. She spoke to women's groups, as part of public lecture series, to university audiences, and at one point, in front of the National Academy of Sciences. Her interest in plants became known to her friends in Greenwich and one, Mrs. Gimble, suggested that she would like to arrange a lunch meeting between Helen Walsh and a particularly good friend of hers, Howard Rusk. Thus began a long and productive collaboration.

Rusk invited Helen to become a volunteer in his new Institute in New York City. Widowed shortly before she met with Rusk in 1951, she began to work regularly at the Rusk Institute in 1952 starting out as an auxiliary worker in the gift shop. She was soon working four days a week at the Institute, running the auxiliary, fund raising and coordinating special projects. Rusk relied on Helen Walsh as a problem solver in a wide number of areas, and Helen covered many areas of the hospital in one capacity or another. Helen continued her volunteer activities at the Institute even after her remarriage to William J. Walsh.

Through her work at the Institute, Walsh was appointed an Associate trustee of the New York University Medical Center, and was also invited to join the President's Committee on the Employment of the Handicapped.

It was through Rusk that Walsh became involved in international activities as well. Rusk became President of the International Society for the Welfare of Cripples in 1954, and remained President until 1957. He invited Helen to join the Board of the Society, and Helen began to regularly attend World Congresses and regional meetings.



Helen Walsh, third from right, with some members of the U.S. delegation to RI's Thirteenth World Congress in 1976 in Israel. Left to right are: Fenmore Seton, Jack Taylor, Phyllis Seton, Ellis Reida, Ethel Hausman, George Welch, Elly Skinner, Helen Walsh, Earl Cunard and William Walsh.

At Rusk's invitation, Walsh also became very active in the World Rehabilitation Fund when it was formed in 1955.

In 1971, Helen became Chair of Rehabilitation International USA, (RI USA), a committee which sought to raise money to support Rehabilitation International through fund raising among American based rehabilitation organizations. She took the position with the understanding that it would last only six months, but her "temporary" position continued for 12 years.

Helen Walsh continues to be actively involved in Rehabilitation International, as well as serving on a number of community and state committees and with the Republican party. She lives in Greenwich, Connecticut.

Dorothy Warms

Dorothy Warms was born in New York in 1912, the youngest of 4 children. Her father owned a garage, and her mother was a homemaker. She graduated from Hunter College High School and then attended Barnard as a German and psychology major graduating in 1934. Her first job as a research assistant at Yale lasted only six months. Homesick she returned to the Bronx where she took at job at the Home Relief Bureau doing case work for families severely affected by the Depression. She enjoyed her job and kept it after her marriage in 1937, while her husband began to build his legal practice. Warms continued to work at the Home Relief Bureau more or less regularly for the next seven years, but then gave up the job after the birth of her first child and stayed home to raise her children.

In 1954 Warms' husband became ill and was unable to work for some time. To support her family Warms "brushed up" on her short hand and went to find a job. She soon found a secretarial job in the Social Welfare Department of the National Council of Churches. To this day, Warms' prides herself on the fact that "I must have been the worst secretary in New York City." Her boss agreed and told her "you'll never make a living at this." Fortunately, he thought she had great potential in other areas and shifted her to the position of an administrative assistant instead. Warms worked for the National Council of

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Dorothy Warms, 1990

Churches for four years, taking courses part time at the New York School of Social Work at Columbia University to better qualify her for the job. (Her progress through the graduate school was not rapid, she finally completed all her course work and received her Certified Social Worker certification in 1965).

While Warms enjoyed her work at the National Council, it eventually became apparent that to become a higher level administrator in the organization, one had to be an ordained minister an option not open to women in the 1950s. A member on the Board of the Social Welfare Department, Gunnar Dywbad, urged her to come work for him at his new position at the Association for Retarded Citizens, but Warms was not at that time interested in the offer. Instead, she went to an employment agency who informed her that "they had this opening at this international organization and I went to see Don Wilson." Warms had never heard of the organization for which she was interviewing, The International Society for the Welfare of Cripples. She also recalls that at the time she "knew absolutely nothing about rehabilitation."

She joined the International Society (now Rehabilitation International) in 1958, and was immediately put to work on the planning of their upcoming World Congress in New York. In addition, she was given a number of other projects and assignments, as well as the responsibility of keeping up much of the correspondence and helping to host visiting dignitaries. She was soon working "eight in the morning to eight at night," and her husband would call her at work and ask plaintively if she "was ever coming home?"

Dorothy Warms quickly became an integral part of the rehabilitation scene and a key player in organizing conferences, collaborative efforts and networking. She worked closely with Donald Wilson and then became acting Secretary General for a year after Wilson left to join the Leonard Wood Memorial Fund, keeping the Society active while Acton completed his work with the World Veterans Federation and moved to New York. (There had been some inquiry made as to whether Warms herself would be interested in becoming Secretary General, but she turned down the suggestion, as her family commitments made the extensive travel and long hours that went with the job difficult to undertake).

Dorothy Warms genius was in identifying talent and encouraging others. She rarely took credit for the work done, choosing instead to remain largely behind the scenes and work out of the limelight. She nonetheless was an extremely strong voice within the rehabilitation community, and instrumental in ensuring that new and innovative ideas were included in the international agenda. For example, Warms was a strong proponent of including mental retardation issues and parent advocacy in general rehabilitation issues. She was involved and supportive of early disability rights issues. She retired from Rehabilitation International in 1972, after 13 years with the organization, moving across town

A "time capsule" of Rehabilitation International: left to right, Donald Wilson, former Secretary General; Barbara Duncan, Assistant Secretary General; Susan Hammerman, current Secretary General; Dorothy Warms, former Deputy Secretary General; and Norman Acton, former Secretary General.

to work with United Cerebral Palsy. Now widowed, she remains active in the field of rehabilitation and continues to work part time for United Cerebral Palsy.

Harold Wilke

Dr. Wilke

Harold Wilke was born on a small farm in Missouri in 1918, the second of three boys. Born without arms, his parents quickly came to accept the situation, and insisted that Harold consider himself and be treated by others, as any other child. He was expected to help with farm chores, do well in school and take part in community events, the only difference between himself and other being that he used his feet in place of hands for anything that needed to be manipulated. Initially excluded from the local school because the teacher thought he would prove too much of a distraction to the other children, Wilke's father was able to locate a one-room school in the country that would accept him. As Wilke recalls, actually getting to school was often more challenging than the work that had to be done once there. His long walk to school was enlivened by a walk through the woods, a run through a pasture with a bull prowling around and fording three streams. While the local school may have refused him entrance, he early became deeply attached to his church which was fully accepting and allowed him to participate freely.

Dr. Wilke consulting with Kuwaiti disability leaders Munira Al-Muttawa and Munira Al-Gatami in London, 1986.

Although his family refused to pity him or give him special treatment, they keenly sought information on his condition and even traveled to Chicago with their young son to meet Kittie Smith, a woman who had lost her arms in a fire as a child. Smith also used her feet with great dexterity, and Wilke's parent's were enormously encouraged by her ability to take care of herself. They came increasingly to expect that their son would grow up to be an independent and self-supporting adult.

Wilke decided to become a minister while still in high school. Very active in his church and in church youth groups, his decision was greatly aided by two ministers he encountered early on. Both strongly advised him not to go into the ministry because of his disability. Used to being accepted and treated as an equal in his small community, their advice not only made Wilke more determined than ever to enter the ministry, but also helped him think carefully and critically about why he wanted it.

He received his BA from the University of Missouri and his B.D. from the Union Theological Seminary in New York, and pursued graduate work at the University of Chicago. While the initial resistance to his disability may have been a driving issue to Wilke before his studies, his disability would not be a central issue in his own professional career for the ensuring decades, although he would regularly serve as a volunteer to help "disabled people". He was ordained a minister in the United Church of Christ, and returned to his alma mater to work as pastor at the University Chapel at the University of Missouri. It was in Missouri that he married Margaret Vigars. They were to have five sons.

Wilke spent the War years as a Chaplain of an army hospital in Boston, and at while in the Boston area, completed a Masters Degree at the Andover Newton Theological Seminary. His career as chaplain continued, as he moved to Topeka Kansas to serve as chaplain at the local Veterans Administration Hospital. While in Topeka, Wilke also was on the faculty of the Menninger School of Psychology, working closely with Dr. William C. Menninger himself and serving as a chaplain in his clinic.

From Topeka, Wilke and his family moved to the Chicago suburb of Crystal Lake, where he became an active and respected local minister, while at the same time working on his doctorate through the University of Chicago. A popular minister and good administrator, Wilke was invited by his colleagues at the United Church of Christ's national headquarters in New York to join their staff, and for the next twenty years, Wilke headed their Council for Church and Ministry, a program that dealt with recruitment, education and placement issues for the nine thousand ministers of the denomination, as well as retirement and insurance issues.

In the 1970's, Wilke began to reevaluate his own life and his career. The social unrest and the Viet Nam War made Wilke think critically about justice and equality within society. He was surprised to realize that he himself had been leading a divided life for some years. Later he would tell a New York Times reporter "I kept saying that my responsibilities had nothing to do with my armlessness, that my handicap was irrelevant and of course it was. But at the same time, I was spending most of my weekends and vacations as a volunteer with handicapped people. I was living two kinds of life."

In 1975, Wilke resigned from his executive position to devote all his energies to a group he helped to establish. Including church leaders, professors and rehabilitation personnel, "The Healing Community" addressed issues of social justice and equity, and took as its central mission the need for the religious community to accept disabled individuals and those alienated by society, such as Vietnam veterans, the homeless, those with drug addiction and others. Wilke was named founding Director, and took as his personal mission the need to convince religious organizations to open their doors to disabled members not only to make their facilities accessible, but to ensure that disabled congregants were included in the central activities of the church.

The Healing Community, now 15 years old, continues to address problems of those alienated by modern society and social institutions. Wilke continues his work with the Community and has preached to over a thousand congregations both in the United States and in fifty-five other countries around the world. He has recently moved to California, but commutes to New York regularly to maintain ties with Union Theological Seminary. He sits on dozens of national and international boards of directors for religious and lay organizations. In addition to his other activities, he has written extensively both on his own experiences as an individual with a disability, and on theological and philosophical issues and concerns of daily living.

Donald Von Stein Wilson

Donald Wilson was born in Kansas City in 1909. He earned his undergraduate degree in political science from Muskingum College in Ohio in 1931, his LL.D from Western Reserve University in Cleveland in 1934, and was admitted to the bar that same year. In 1937 he also completed a masters degree at the School of Social Services Administration at the University of Chicago.

Wilson began his career in social work at the Boys Club at Hiram House, a large settlement house in Cleveland. From 1932 to 1934 he worked as a case worker for the Ohio Relief Administration of Cuyahoga County and first worked in the field of rehabilitation in 1935, when he became a case worker for the Association for the Crippled and Disabled in Cleveland. (His work with both the Relief Administration and the Association for Crippled and Disabled were overseen by the same individual who served as part-time Director of the first, and Executive Secretary of the second during those very years Bell Greve. It was an association that would be significant to Wilson in later years).

In 1937, Wilson took a position as Lecturer in the Graduate School of Social Welfare at Louisiana State University in Baton Rouge. He taught at the school until the start of the War, also working concurrently on policy and legislation for the Louisiana Department of Public Welfare. Wilson remained in Louisiana until 1942, when he joined the Army and received special training in military government and civil affairs. In 1946, Wilson was named Chief of the Public Welfare Branch of the Military Government section, with the Eighth Army in Yokohama, Japan.

Donald Wilson, 1951, RI Secretary General

tion, with the Eighth Army in Yokohama, Japan. The following year he became the Social Welfare Officer, in the Public Health and Welfare Section on General MacArthur's staff in Tokyo. Working from his base in Tokyo for the next year, he was instrumental in establishing the first school of social work in Japan and in designing and running training programs for persons with governmental and voluntary social welfare.

Wilson returned to the United States in 1948, and took an appointment as Dean of the School of Applied Social Sciences at Western R-Eserve University. His position as Dean lasted only a year. In 1949, his former boss, Bell Greve urged Wilson to come to New York to take over the reigns of the new International Society for the Welfare of Cripples. Appointed in 1949, he brought his previous 20 years of experience as a social and rehab worker in Ohio, Illinois, Louisiana and Japan.

Wilson was Secretary General of the International Society for the Welfare of Cripples from 1949 until 1966, and was largely responsible for its early growth and development. In 1949, the number of nations who were members of the organization was only 12. Increasingly the number of participating countries became a priority for Wilson and by the time he departed in 1966, sixty-three nations maintained membership. Although much of Wilson's activity is already covered in the historical section of this book, a brief review of some of his major accomplishments would include the fact that he helped foster close ties between the International Society and the UNited Nations, (and allied organizations such as UNICEF and WHO) and with other leading international health and advocacy organizations. He was instrumental in reviving the World Congresses, beginning with the first one in Stockholm in 1951, and cleverly arranged for many of the meetings to dovetail with other larger international society meetings, so that attendance would increase. He also began the practice of holding regional conferences to enable better communications within nearby geographical areas, and most of these meetings met with considerable success.

After eighteen years with the International Society, Wilson was ready to move on. He resigned as Secretary General in 1966 to take the position of President of the Leonard Wood Memorial for the Eradication of Leprosy, a post he kept until 1970. In 1970 he became the Deputy National Executive Director, of Goodwill Industries of America and remained there until his retirement in 1973. Wilson now lives in a suburb of Washington, DC and continues to remain active, sitting on a number of boards, and advisory groups.

Donald Wilson, 1975

About the Author

Nora Ellen Groce is a medical anthropologist currently teaching and working on research at the Yale University School of Public Health.

In the disability field she is probably best known for her 1985 book, *Everyone Here Spoke Sign Language* on the subject of hereditary deafness on Martha's Vineyard. The book traces the impact of a high incidence of deafness on an isolated New England community and is one of the few studies of a community where disability was "normal." Television and radio specials on the book were carried by National Public Radio and WGBH-Boston in the USA, by the BBC in England and on the Australian Broadcasting Service. A commercial film of the book is in development.

Ms. Groce is a founding member of the Society for Disability Studies and regularly serves as a guest editor for cross-cultural issues of its periodical, *Disability Studies Quarterly*.

During the 1980s her academic appointments included teaching in the anthropology departments of Harvard University, Bowdoin College and Brown University. Other books and monographs by Groce include *The Town Fool: Mental Retardation in a Small-Scale Society* (1986, Wenner-Gren Foundation, New York) and *The Prevalence of World Hunger: Current Methodologies for Assessing the Extent of Hunger in the Developing World* (1988, Brown University).

As a consultant, she has worked with the World Health Organization, the Boston Children's Hospital, the National Endowment for the Arts, Rehabilitation International, the Smithsonian Institution—Folklife Division and Harvard University's Committee on Disability Affairs.

She is an active member of the following professional organizations: the American Anthropological Association, the Society for Medical Anthropology, and the American Folklore Society.

Her education includes: Post-Doctoral Fellow, Harvard Medical School, 1986; Ph.D., in Medical and Socio-Cultural Anthropology, Brown University, 1983; M.A. in Cultural and Medical Anthropology, Folklore, Brown University, 1976; and B.A. in Anthropology, University of Michigan, Ann Arbor, 1974.

She resides in Essex, Connecticut with her husband, son and daughter.

Footnotes

[1] The organization that is today known as Rehabilitation International has had a long list of people involved and four formal name changes. The following list of people, Congresses and formal names of the organization is intended to provide a brief chronological outline for the reader:

A) Founded

1922	Edgar F. Allen, Founding President
1929	Paul H. King, U.S.A.
1942	Dr. Juan Farill, Mexico Bell Greve, first Secretary General
1948	Dr. Henry Kessler, U.S.A. Donald V. Wilson, Secretary General
1951	Konrad Persson, Sweden
1954	Dr. Howard Rusk, U.S.A.
1957	Sir Kenneth Coles, Australia
1960	Hall H. Popham, Canada
1963	Dr. C.W. de Ruijter, Netherlands.
1966	Dr. Gudmund Harlem, Norway Norman Acton, Secretary General (1967)
1969	Jean Regniers, Belgium
1972	Prof. Kurt-Alphons Jochheim, Federal Republic of Germany
1976	Kenneth Jenkins, Australia
1980	Dr. Harry S.Y. Fang, Hong Kong
1984	Dkfm. Otto Geiecker, Austria Susan Hammerman, Secretary General
1988	Fenmore Seton, United States

B) Titles of the organization that is now named Rehabilitation International:

1922	International Society for Crippled Children
1939	International Society for the Welfare of Cripples
1960	International Society for Rehabilitation of the Disabled
1972	Rehabilitation International

C) World Congresses sponsored by Rehabilitation International

1929	First World Congress, Geneva, Switzerland
1931	Second World Congress, the Hague, Netherlands
1936	Third World Congress, Budapest, Hungary
1939	Fourth World Congress, London, England
1951	Fifth World Congress, Stockholm, Sweden
1954	Sixth World Congress, the Hague, Netherlands
1957	Seventh World Congress, London, England
1960	Eighth World Congress, New York, U.S.A.
1963	Ninth World Congress, Copenhagen, Denmark
1966	Tenth World Congress, Wiesbaden, Federal Republic of Germany
1969	Eleventh World Congress, Dublin, Ireland
1972	Twelfth World Congress, Sydney, Australia
1976	Thirteenth World Congress, Tel Aviv, Israel
1980	Fourteenth World Congress, Winnipeg, Canada
1984	Fifteenth World Congress, Lisbon, Portugal
1988	Sixteenth World Congress, Tokyo, Japan
1992	Seventeenth World Congress, Nairobi, Kenya

[2] A number of leading figures in international rehabilitation can be traced to Ohio and many were affiliated with the Case Western Reserve University's School of Social Work. Among others, the following individuals later involved in international rehabilitation activities were active in Ohio in the 1920s and 1930s: Edgar Allen, Bell Greve, Leonard Mayo, Romaine Mackie and Donald Wilson. James Burress, who was disabled from infancy, grew to adulthood in Ohio during these years, and received services for disabled children established in part by some of these people. Virginia (Gini) Laurie would not come to Ohio until the 1940s, but her work began and was carried out in Cleveland for three decades. Romaine Mackie, later to serve as the international expert in special education in the Federal Government's Department of Education, worked in Ohio in the late 1920s and recalled that you "couldn't help being interested in international issues if you worked in

Ohio, the influence from Elyria was so pervasive."

[3] I am indebted to Gunnar Dybwad for information about the significance of tenBroek's work.

[4] Interviews from five members of the President's Panel on Mental Retardation were gathered after President Kennedy's death. The transcribed interviews, which included descriptions of these foreign study visits, as well as the national workings of the Panel, are on deposit at the John F. Kennedy Library in Boston, Massachusetts.

[5] Representative Carl Elliott of Alabama, Chairman of the Special Education Sub-Committee and Labor introduced H.R. 69-81 which was designed to provide Federal funds to states for the development of independent living services. A similar bill, introduced in 1961, also failed. (Dybwad:1989)

Bibliography

Acton, Norman (editor) 1981, *International Statements on Disability Policy*, New York: Rehabilitation International

1986, *The Impact of International Exchanges of Information on Innovative Responses to Disability*, Report of Research Conducted Under Grant No. 133FH40011, National Institute of Health Research. Washington, DC: Department of Education.

Alden, Jerome 1961, *These Are Not Children: A Play About Opportunities for the Mentally Retarded.* Plays for Living Series. Washington DC: Vocational Rehabilitation Administration, Dept. of Health, Education and Welfare

Bartos, August, Address to the III World Congress, Budapest, in Horvath, op cit., p. 182

Blumberg, Irving, 1989, Address: Closing Plenary Session, Second World Congress. October 11, 1989. Barcelona, Spain: World Association for Psychosocial Rehabilitation.

Bowe, Frank, 1978, *Handicapping America: Barriers to Disabled People.* New York: Harper and Row

Bowman, Peter W. and Mautner, Hans V. (Editors), 1960, *Mental Retardation:* Proceedings of the First International Medical Conference at Portland, Maine. New York: Grune & Stratton

Buck, Pearl S., *The Child Who Never Grew*, New York:

Burress, James R., 1980, *Developments in Services for Handicapped People in Africa:* A Project Report. People-to-People Committee for the Handicapped, Washington, D.C., March, 1980.

Central Council for the Care of Cripples, 1955, *Changing Attitudes Toward the Disabled*, Proceedings of the 6th World Congress of ISWC The Hague, 1954, London C.C.C.C.

Central Council for the Care of Cripples, 1929, *The Cripple*, "Geneva Supplement: The First International Conference" in Volume V, No. 22.

Children Limited, 1960, "President-Elect Accepts Planter" December, 1960, Page 1. National Association of Retarded Children.

DeJong, Gerben, 1983, "Defining and Implementing the Independent Living Concept." in Crewe, Zola et al, *Independent Living for Physically Disabled People*, San Francisco: Joseey-Bass Publishers

Dybwad, G., 1964, *Challenges in Mental Retardation*, New York; 1989, "Self-Determination" Influencing Public Policy." Paper, The National Self-Determination Conference, Arlington, Virginia, January 10, 1989.

Dybwad, Rosemary, 1978, *International Directory of Mental Retardation Resources;* 1989, *International Directory of Mental Retardation*

Evans, Dale, *Angel Unawares*

Flourney, J.J. et al., 1856, "Scheme for a Commonwealth of the Deaf and Dumb" *American Annals of the Deaf* 8:118-125

Frieden, Lex, 1981, "Independent Living in the United States and Implications for Other Counties" in *Rehabilitation World*, (Fall/Winter)

Gallagher, Hugh, *Magnificant Deception*

Garrett, James F., 1952, *Psychological Aspects of Physical Disability*, Washington,D.C.: U.S. Government Printing Office;

1962, *Psychological Practices with the Physically Disabled*, New York: Edna Levine;

1981, *Report on the Twentieth Anniversary Seminar on Lessons Learned from the PL 83-480 International Rehabilitation Research Program.* April 27-May 8, 1981. Washington D.C.: National Institute of Health Research and World Rehabilitation Fund.

General Account Office (GAO) "Assistance to Disability Persons in Developing Countries" National Security and International Affairs Division (GAO NSIAD 91-82) Washington: U.S. Government Printing Office, February

Goldberg, I. Ignacy, 1958, "The Trainables ... Are They the Public School's Responsibility? Yes!" *National Education Association Journal*, 47:622-623, December, 1958

Gregg, Albert Sidney, 1922, "The Crippled Children's Movement and a Personal Touch" *The Rotarian* October, 1922, pgs. 180-184.

Greve, Bell and Chang, Hung-Chun, nd. "Plan for the Promotion of the Rehabilitation of the Disabled Soldiers and Civilians of China: Preliminary Draft." Rehabilitation International Archives: Folder 1942-48.

Hahn, Harlan, 1985, "Toward a Politics of Disability: Definitions, Disciplines and Policies." *The Social Science Journal* Vol 22, 87-105.

Horvath, Boldizsar (editor), 1936, *Proceedings of the III World Congress for the Care of Cripples*, Budapest.

Independent Living Research Utilization Project. 1985, "Directory of Independent Living Programs"

International Society for Rehabilitation of the Disabled, 1969, "Report of the Meeting of the Assembly," Dublin, 1969. Mimeographed Report

Kessler, Henry H., 1931, *Accidental Injuries*, New York;

1947, *Cineplasty*, New York: Charles Thomas Company; 1968, *The Knife is Not Enough*, New York: W.W. Norton & Company

King, Paul, 1936, "Address to the III World Congress," Budapest in Horvath op. cit. p. 11

LaRocca, Joseph M., 1964, *Rehabilitation of the Disabled in Fifty-One Countries*. Vocational Rehabilitation Administration. Washington: US Government Printing Office;

1960, *Rehabilitation of the Disabled in Thirty-Seven Countries*. Vocational Rehabilitation Administration. Washington: US Government Printing Office;

1967, "The International Program of the Vocational Rehabilitation Administration" in *Blindness:* Annual Report

1967, Washington: American Association of Workers for the Blind

Laurie, Gini, 1979, "Centers for Independent Living" *Journal of Current Social Issues* 16(1), Spring 1979

King, Paul, 1936, "Address to the III World Congress," Budapest in Horvath op. cit. p. 11

Leonard, Edmond, 1965, "The Campaign to Eliminate Architectural Barriers in the United States." in *The Congressional Record* Vol. 111, no. 126, Washington 1965

Levy, Chava Willig, 1988, *A People's History of the Independent Living Movement* Lawrence, Kansas: The Research and Training Center on Independent Living.

Muller, H., 1951, Address to the Fifth World Congress in *The Disabled in the Modern World*, Proceedings of the Fifth World Congress, Stockholm, 1951, International Society for the Welfare of Cripples

Organization of American States (OAS) "Preliminary Agenda: OAS/NGO Meeting on Special Education and Vocational Rehabilitation, March 4-7, 1991, Washington, DC

Pearlman, Leonard G. (Editor), 1981, *International Aspects of Rehabilitation:* Policy Guidance for the 1980s. Report of the Fifth Mary E. Switzer Memorial Seminar. Alexandria, VA: National Rehabilitation Association

Rusk, Howard A., 1956, "Comrades in Mercy: A Review of Physical Therapists Work in a Field that Knows No Frontiers." *The New York Times* Sunday, June 24; 1972,

A World To Care For, The Autobiography of Howard A. Rusk, MD.. New York: Random House; 1972,

"Mary Elizabeth Switzer - A Tribute" *Rehabilitation Record* Jan-Feb.

Russell, Harold, 1981, *Best Years of My Life*, Middlebury, VT: Raul S. Eriksson Inc.

Seton, Fenmore R., 1988, *Early Easter Seal Days:* A Narrative by Gertrude Norcross. Hartford: Connecticut Easter Seal Society.

Shriver, Eunice Kennedy, 1962, *Saturday Evening Post*, September 22, 1962

Stuchlik, Jaroslav, 1960, "International Survey on Mental Health Research Problems: Czechoslovakia." Report in *International*

Mental Health Research Newsletter No. 1 & 2, Vol. 11, June. New York: Postgraduate Center for Psychotherapy.

Switzer, Mary Elizabeth, Papers 1922-1973, Scheslinger Library, Radcliffe College, Cambridge, MA.

tenBroek, Jacobus and Matson, Floyd W., 1966, "The Disabled and the Law of Welfare" *California Law Review* 54:809-40

United States Department of Health,Education and Welfare, 1970, *Fifty Years of Vocational Rehabilitation in the U.S.A. 1920-1970*. Social and Rehabilitation Service, Rehabilitation Services Administration. U.S. Government Printing Office.

Viscardi, Henry, *A Man's Stature* New York; *Give Us the Tools* New York:

Walker, Martha Lentz. 1985, *Beyond Bureaucracy: Mary Elizabeth Switzer and Rehabilitation* New York: University Press of America

Wilke, Harold, 195-, *Strength With Might* Philadelphia: The Westminister Press; *The Caring Congregation*

Wilson, Donald, nd "The Word and Disability: A Memoir", Rehabilitation International Archives

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